SEASON'S FINEST STAFFING DRUG SCREEN AUTHORIZATION AND CONSENT

I hereby authorize and give full permission to have Season's Finest Staffing. and/or their medical company physician to send a specimen of my urine and/or blood to a laboratory for a screening test using S.A.M.H.S.A. standards for the presence of illegal drugs, alcohol, or prescription medication taken without a prescription.

I will hold parties concerned harmless, meaning I will not sue or hold responsible for any alleged harm to me or interfering with me obtaining a job or continuing employment due to not submitting to the test or as a result of report of the test. This includes, but is not limited to, possible clerical or laboratory error.

This policy and authorization has been explained to me in a language I understand and I have been told that if I have any questions they will be answered about the test.

I UNDERSTAND SEASON'S FINEST STAFFING. WILL REQUIRE A DRUG SCREEN TEST WHENEVER THERE IS AN ON THE JOB ACCIDENT OR INJURY IS REOPORTED IN ACCORDANCE WITH SEASON'S FINEST STAFFING. POLICY AND THIS AUTHORIZATION AND CONSENT. MY REFUSAL TO SUBMIT TO DRUG TESTING WILL BE GROUNDS FOR TERMINATION.

Signature _____ *Date* _____

Print Name _____

SEASON'S FINEST STAFFING RELEASE OF CRIMINAL RECORDS

I, the undersigned, do hereby authorize Season's Finest Staffing. to examine any and all criminal records and arrests on file in the counties in the State of Georgia or any other state. I also authorize Season's Finest Staffing. to release any and all information that is obtained through a background check to a company where I may have already been placed on assignment through Season's Finest Staffing. In doing so, I understand that I am waiving my right of confidentiality concerning my criminal history.

Date of Release _____

Signature _____

Print Name _____

Driver's License Number _____ *State* _____

Social Security Number _____

Street Address _____

City, State, Zip _____