

**Release of Criminal Records: Please sign this release form even if not convicted of a crime. Some clients require a criminal background check prior to hiring. Thank you for your cooperation.**

If you have been convicted of, pled guilty to, or plead no contest to any crime other than a minor traffic violation, state the nature of the crime and the date of conviction. (Note: No applicant will be denied employment solely on the grounds of a criminal conviction, guilty plea, or no contest plea. The nature of the crime, the date of offense, the surrounding circumstances and the relevance of the offense to the position applied for may be a factor. Failure to disclose or falsification of information is grounds for termination.)

Place of conviction:

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Nature of Crime:

Description: \_\_\_\_\_

Date of Crime: \_\_\_\_\_

I, the undersigned, do hereby authorize CnStaffing inc to examine the records of any and all criminal convictions or arrests which may be on file in any county of any state. In giving this authorization, I understand that I am waiving my right of confidentiality concerning my criminal history and I permit CnStaffing to review and/or copy and share this information with any potential employer.

\_\_\_\_\_  
(Signature of Applicant) ( Printed Name) (Date)

\_\_\_\_\_  
(Maiden Name)

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**AUTHORIZATION AND CONSENT TO SCREEN FOR ILLEGAL SUBSTANCE:**

I hereby authorize and give full permission to CnStaffing and /or its company approved physician to send a specimen of my urine and/or blood and/or hair follicle to a laboratory to be screened for the presence of illegal substance, alcohol, or prescription medication taken without a physician’s prescription. If I am required to take a drug test, I authorize CnStaffing to deduct the cost of the drug test approximately \$25 from my paycheck to pay for the cost of the drug test.

I am voluntarily submitting to the drug/alcohol screen, and will not sue, or in any way hold them responsible for any alleged harm done to me, or for interfering with my obtaining a job or continuing employment, as a result of my refusal to submit to the test or as a result of the test. This includes possible clerical or laboratory error.

CnStaffing drug free workplace policy and this authorization have been explained to me in a language I understand, and I have been told that if I have any questions about CnStaffing drug policy, the tests, or this authorization, my questions will be answered.

I understand that this authorization is a legally binding document which is binding because I have voluntarily agreed to submit to testing after having been fully informed that I may not be hired, or may be terminated, if illegal substances are present in my tests. I have been further informed that I my insurance may be jeopardized if I incur an on-the-job injury while under the influence of alcohol or any illegal substance.

I understand that CnStaffing will require a drug screen whenever an on-the-job incident or injury is reported in accordance with the CnStaffing policy or a random drug test, and I agree to submit to the test. This authorization and consent will be effective for any drug/alcohol screen required as a result of any on-the-job incident or injury.

\_\_\_\_\_  
(Signature of Applicant) (Printed Name) ( Date)

**Medical Records Release:**

You are hereby authorized to release to CnStaffing any and all information, facts and particulars regarding injuries sustained in the course of my employment. You may be requested to furnish information, x-rays, or records regarding my physical condition and/or treatment rendered to me and to permit my employer or any person appointed by my employer to examine such records.

\_\_\_\_\_  
(Signature of Applicant) ( Printed Name) (Date)

\_\_\_\_\_  
(Signature of parent or guardian is applicant is under age of 18)

**CONFIDENTIALITY:**

All information and records you may come in contact with while on assignment, are to remain confidential.

\_\_\_\_\_  
(Signature of Applicant) (Printed Name) (Date)