



## Candidate Acknowledgement and Drug Screening Consent Form

I \_\_\_\_\_ understand and acknowledge that R & W Group (“R & W”) requires that candidates considered for assignment through R & W be tested for drug use in order to promote a safe place for employees to work. Our offer of employment is contingent upon your successful completion of a pre-assignment drug screening and background check including references. If you are placed on assignment prior to the completion of screening or your background check, continued employment is contingent upon your successfully passing the screening and background check.

I also understand that while working as an R & W employee, I may be required to submit to drug testing when R & W’s client has reason to believe that I may be using drugs while at the Client’s location or that I am under the influence of unlawful drugs during working hours. If I refuse to submit to this required testing or if the drug test indicates the presence of unlawful drugs in my system, I will be disqualified from continuing to work for R & W.

I understand that the results of any testing or screening will be made available to R & W Group and designated medical representatives for employment evaluation purposes only, and I hereby release all physicians, medical facilities, testing facilities, clinics, R & W Group, their clients, and their employees, agents and representatives from any and all liability arising from the testing and/or release of information discovered in my drug test to R & W. I further authorize R & W to release the results of the drug test and background screen to their clients.

I release any legal claims I may have against R & W Group, its officers, principals, agents, employees, and clients for requiring the test and for any adverse employment action taken as a consequence of the test or results. I understand that this Agreement in no way limits R & W Group’s rights to terminate my employment at anytime with or without cause.

If I am a contractor, this acknowledges receipt of the form “Information for Candidates.”

Name \_\_\_\_\_ Signature \_\_\_\_\_

Social security # \_\_\_\_\_ Date \_\_\_\_\_