



AUTHORIZATION TO RELEASE INFORMATION

Date: _____

Position(s) Applied for: _____

TO WHOM IT MAY CONCERN:

I hereby request and authorize you furnish **New Horizon Health Center's (NHHC) Human Resources Department**, with any information they may request. I understand a thorough background will be conducted to include but not limited to my work record, educational history, military record, criminal record and traffic record history.

This authorization is specifically intended to include any and all information of a confidential or privileged nature, as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility for employment should I be hired for the position as stated above. This form will also be used for employment and to conduct periodic reviews.

I hereby release you, and your organization, from any liability which may or could result from furnishing the information requested above and from any subsequent use of such information in determining my qualifications to serve as the position stated above.

As a condition of employment, I will provide NHHC's Human Resources Department with original documents of transcripts, diploma(s), degree, licensure, certification, registration, etc., as applicable.

Applicant's Signature

Print Name

SS#

Date

NOTE: THIS FORM WILL BE RETAINED IN YOUR PERSONNEL FILE



Acknowledgment of Drug Test, Pre-Employment Physical Exam and Vaccination Requirements

I acknowledge and agree that should New Horizon Health Center (NHHC) make me a conditional offer of employment, I will submit to a pre-employment physical exam, drug screening, and accept the vaccine requirements relevant to the job. I further agree to sign an authorization form allowing those facilities conducting the drug screening and physical exam to release and provide copies of the results to NHHC.

I am aware that the conditional offer will be rescinded should the drug test be positive as determined by the testing laboratory. Similarly, the conditional offer will be rescinded should the pre-employment physical exam reveal reasons that prohibit me from performing the job.

I understand that NHHC has a vaccination policy that I must abide. Furthermore, I agree to comply with NHHC's immunization requirements based on job necessity and protocols.

NOTE: Failure to complete the pre-employment physical examination or drug test will be viewed as a rejection of the conditional offer of employment.

NHHC has the right to bill for all medical services incurred if an applicant rejects a job offer.

Print Name

Applicant's Signature

Date