

CRIMINIAL BACKGROUND CHECK

Please Print all Requested Information.

Name: _____

Other Names Used: _____

Current Address: _____

City/ State/ Zip Code: _____

Social Security Number _____ Date of Birth _____

Driver's License # _____ State of Issue: _____

Nursing License # _____ State: _____

In connection with my training with *Bracey's Healthcare Training, Inc.*, I hereby authorize *Bracey's Healthcare Training, Inc./* training facility, to conduct a security background check on me. I understand that this security check will cover information such as criminal history, education and employment, sanction/ exclusions and professional licensure/ certifications. I understand that this background check may include information from previous employers relating to my work experience. I hereby release *Bracey's Healthcare Training, Inc.* Training facilities, and its employees from all liability resulting from the furnishing of this information. I certify that the statements made by me on this form are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

I understand that any false statements made herein could void my consideration for training.

Signature: _____ Date: _____

Mail To:
Bracey's Nursing Solutions
1301 Leader Drive
Killeen, Texas 76549

DRUG AND/OR ALCOHOL TESTING CONSENT FOR Testing

I, _____ hereby agree, upon a request made under the drug/alcohol testing policy of *Bracey's Healthcare Training* and any training facility to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis. I understand and agree that if I at any time refuse to submit to a drug or alcohol test under *Bracey's Healthcare* or any training facility policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination from training. I further authorize and give full permission to have *Bracey's Healthcare Training* or any training facility's physician send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to *Bracey's Healthcare Training* and/or to any governmental / training entity involved in a legal proceeding or investigation connected with the test. Finally, I authorize *Bracey's Healthcare Training/ training facility* to disclose any documentation relating to such test to any governmental entity involved in a legal proceeding or investigation connected with the test.

I, _____ will hold harmless the *Bracey's Healthcare Training/ training facility* its company physician, and any testing laboratory the *Bracey's Healthcare Training / training facility* might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of employment or any other kind of adverse job action that might arise as a result of the drug or alcohol test, even if a *Bracey's Healthcare Training* or laboratory representative makes an error in the administration or analysis of the test or the reporting of the results. I will further hold harmless *Bracey's Healthcare Training*, its company physician, training facilities and any testing laboratory the Company might use for any alleged harm to me that might result from the release or use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of this policy and the procedures as explained in the paragraph above.

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

I UNDERSTAND THAT BRACEY'S HEALTHCARE TRAINING WILL REQUIRE A DRUG SCREEN TEST UNDER THIS POLICY WHENEVER I AM INVOLVED IN AN ON-THE-JOB ACCIDENT OR INJURY UNDER CIRCUMSTANCES THAT SUGGEST POSSIBLE INVOLVEMENT OR INFLUENCE OF DRUGS OR ALCOHOL IN THE ACCIDENT OR INJURY EVENT.

Signature

Date

Name - Printed

Mail To:
Bracey's Nursing Solutions
1301 Leader Drive
Killeen, Texas 76549