



Linil Visiting Nurses, Inc.

2211 Lee Road Suite 109 Winter Park, FL 32789
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www.LinilVisitingNurses.com

Alcohol & Drug Screening Consent Form

Applicant Last Name:	
First Name:	
Applicant ID#:	Date:

Statement of Alcohol & Drug Policy

While on Linil Visiting Nurses Inc.'s premises and while conducting business-related activities off Linil Visiting Nurses Inc.'s premises, no employee may use, possess, distribute, sell, or be under the influence of alcohol or illegal drugs. The legal use of prescribed drugs is permitted on the job only if it does not impair an employee's ability to perform the essential functions of the job effectively and in a safe manner that does not endanger other individuals in the workplace.

Violations of this policy may lead to disciplinary action, up to and including immediate termination of employment, and/or required participation in a substance abuse rehabilitation or treatment program. Such violations may also have legal consequences.

Linil Visiting Nurses Inc. is committed to providing a safe, efficient, and productive work environment for all employees. Using or being under the influence of drugs on the job may pose serious safety and health risks. To help ensure a safe and healthful working environment, job applicants and employees may be asked to provide body substance samples (such as urine and/or blood) to determine the illicit or illegal use of drugs.

If there is reasonable suspicion that an employee is under the influence of drugs or alcohol in the workplace, a request for drug screening will be made, in the event that the employee refuses to cooperate, they will be relieved of duty pending investigation and possible termination.

Alcohol & Drug Testing Consent and Release

I hereby consent to submit to urinalysis and/or other tests as shall be determined by Linil Visiting Nurses, Inc. in the selection process of applicants for employment, for the purpose of determining the drug content thereof.

I agree that any clinic authorized by Linil Visiting Nurses, Inc. may collect these specimens for these tests and may test them or forward them to a testing laboratory designated by the company for analysis.

I further agree and hereby authorize the release of the results of said tests to the company.

I further agree to hold harmless the company and its agents (including the above named physician or clinic) from any liability arising in a whole/part, out of the collection of specimen(s), testing, and use of information from said tests in the connection with the company's consideration of my application of employment.

I further agree that a reproduced copy of this pre- and post-employment consent and release form shall have the same effect as the original.

I understand that either refusal to submit to the urinalysis screen or other testing or failure to qualify according to the minimum standards established by the company for this screening may disqualify me from further consideration for employment. I further understand that during my employment with the company I may again be required to submit to a urinalysis screening or other testing after an accident/incident in the workplace, or upon reasonable suspicion as determined by my supervisor. I understand that refusal to take a requested urinalysis screening or failure to meet minimum standards set for the screen may result in immediate suspension or discharge.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

I further agree that this consent shall be valid during the time of my application for and during my employment.

Certification:	<i>Print Name</i>	<i>Signature</i>	<i>Date</i>
Applicant			
Witness			