



Background Investigation and Drug Screen Consent

I understand that RC Health Services EMS Academy may perform a background investigation to determine my suitability for the course I seek; I hereby authorize the Company to secure the information necessary to make such a decision. I further understand that while acceptance into the Program might precede any such investigation, actual progression through the Program is contingent upon a determination of my suitability for the Program I seek.

By signing this document, I authorize the Program to conduct a background investigation through EBI or an equivalent background investigation service. I also certify that the information provided in my application is accurate, and, if accepted, I understand that any information falsely provided will be sufficient grounds for the immediate removal from the program.

I hereby authorize the release of the information related to this investigation, and further release from liability any and all individuals and organizations who provide information to RC Health Services EMS Academy concerning my professional competence, ethics, character, criminal record (if any), and qualifications and authorize my prior employers to release any such requested information about my employment.

Please note: You will not be allowed to progress in the course if you do not provide the authorization for the Program to conduct the background investigation identified above. Date of birth, Social Security number, current zip code, email address, and Driver's License number will be used only to complete the background investigation and will not become part of the selection process.

Federal Law prohibits any discrimination. Date of birth is used for verification purposes only and is not released to the hiring official or search committee prior to an individual's acceptance of employment. Results will be kept confidential but may be communicated as required by the Fair Credit Reporting Act or other applicable state or federal law.

By my signature below, I consent to provide a sample of my urine and/or blood for a 10 panel drug screen testing to determine the presence of drugs in my body. I am familiar with my training institution's policies on substance abuse and drug testing and I understand and agree that unless the sample I provide tests negative, I will be subject to dismissal from the RCHS EMS Academy.

I understand that the drug testing intended to be performed may include the following:

- Amphetamines
- Barbiturates
- Benzodiazepines
- Cocaine
- Marijuana Metabolites
- Methadone
- Methaqualone
- Opiate Metabolites
- Phencyclidine



- Propoxyphene, Demerol, or Oxycotin

In order to avoid false positive results, it is recommended that I avoid foods with poppy seeds within 72 hours prior to testing. In addition, it is recommended that I not drink liquids in excess of 40 ounces within three (3) hours prior to providing a sample of blood and/or urine for testing. I understand these recommendations and that if my sample is reported as "diluted", it will be treated as a positive result. At that time, I understand I have the opportunity to retest within 48 hours at my own expense. If the subsequent test is negative, RC Health Services will reimburse me for the cost of the test. I understand that if I so desire, I may—at my expense—request a sample of my blood to be collected at the same time as the collection of my urine sample for subsequent testing. I also understand that I may request a copy of the drug testing policy for reference. I also understand and agree that the results of this testing will be shared with my instructors, clinical affiliates upon their request, and others with a need to know of this information in the performance of their jobs, or as otherwise required by law.

If signing electronically: By typing your name below, you are signing this Agreement electronically. You agree your electronic signature is the legal equivalent of your manual/handwritten signature on this Agreement. By typing your name below using any device, means or action, you consent to the legally binding terms and conditions of this Agreement. You further agree that your signature on this document is as valid as if you signed the document in writing. You also agree that no certification authority or other third-party verification is necessary to validate your E-Signature, and that the lack of such certification or third party verification will not in any way affect the enforceability of your E-Signature or any resulting agreement between you and RC Health Services. You are also confirming that you are the student authorized to enter into this Agreement.

Signature

Printed Name

Date