



CorrectHealth
Pre-Employment Authorization &
Acknowledgement

PRE-EMPLOYMENT AUTHORIZATION & ACKNOWLEDGEMENT

I, _____, give CorrectHealth, LLC (hereinafter referred to as the "Company" the right to: (1) investigate the truthfulness of all statements made on my Application for Employment; (2) contact any former employers and other listed references or any other persons who can verify information; and (3) discuss the results of any investigation with other employees of the Company, who are involved in the hiring process.

In addition, I give my consent for all contacted persons, including former employers, to provide information concerning this application, and I release and hold harmless the Company, its officers, employees, and agents, and any other person, or public or private entity inquiring about, investigating, furnishing, communicating, reviewing or evaluating information or documents pursuant to my application for employment, or making any written or verbal communications for such purposes, from any and all claims arising from such activities, including, but not limited to, any claims whatsoever for defamation, fraud, misrepresentation, intentional or negligent interference with prospective business relations or contract, breach of contract, negligent or intentional infliction of emotional distress, employment discrimination, violation of public policy, and any other potential claims, demands, damages, liabilities and/or actions of any kind whatsoever, whether known or unknown to me presently, that I may have now or in the future.

I have not withheld any information, which could, if disclosed, affect this Application, unfavorably. I agree that any false statement, omission, or misrepresentation in this Application may result in cancellation of this Application, refusal to hire or immediate dismissal from employment, regardless of when such false statement, omission, or misrepresentation is discovered.

I AGREE AND UNDERSTAND THAT IF I AM OFFERED A POSITION WITH THE COMPANY, IT WILL BE OFFERED ON THE CONDITION THAT MY EMPLOYMENT SHALL BE AT WILL AND FOR NO DEFINITE PERIOD AND THAT I HAVE NO EXPRESS OR IMPLIED CONTRACTUAL RIGHTS TO CONTINUED EMPLOYMENT WITH THE COMPANY. ADDITIONALLY, I UNDERSTAND THAT JUST AS I HAVE THE RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME, FOR ANY REASON, THE COMPANY ALSO HAS THE RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE.

I further acknowledge that the Company, as part of the employment process, requires all prospective employees to submit pre-employment drug and alcohol testing. In order to facilitate this process, all employees are required to sign, below, acknowledging and providing their full consent and release to submit this drug/alcohol test. Prospective employees refusing to sign the consent and release form will forfeit his/her privilege to employment. This test is a requirement to employment and if the prospective employee fails to adhere to this policy, he/she will forfeit his/her privilege to employment. The Company reserves the right to accompany the prospective employee to the testing to ensure test validity. Further, I understand that if I test positive on any component of the drug/alcohol test, the Company may, at its own discretion, report this information to any appropriate licensing or certification authority.

BY SIGNING BELOW, I HEREBY ACKNOWLEDGE THE ABOVE- STATED POLICIES AND HEREBY CONSENT TO THE ABOVE STATED POLICIES. SPECIFICALLY, I AUTHORIZE AND PROVIDE MY CONSENT FOR THE COMPANY TO: PERFORM A PRE-EMPLOYMENT DRUG/ALCOHOL TEST, AS PROVIDED, ABOVE; INVESTIGATE THE TRUTHFULNESS OF ALL STATEMENTS MADE ON MY APPLICATION FOR EMPLOYMENT; CONTACT ANY FORMER EMPLOYERS AND OTHER LISTED REFERENCES OR ANY OTHER PERSONS WHO CAN VERIFY INFORMATION; AND DISCUSS THE RESULTS OF ANY INVESTIGATION WITH OTHER EMPLOYEES OF THE COMPANY, WHO ARE INVOLVED IN THE HIRING PROCESS.

(Print – First Name) (Middle Name) (Last Name)

Street Address) (City/ State/ Zip)

(Sex) (DOB) (Social Security No.)

(Signature of Applicant) (Date)

(Witness or Notary) (Date)