

MedTrust Staffing Co

(Print and complete form, scan, and send the completed and scanned document to infor@medtruststaffingcompany.com)

Drug and Alcohol Policy Associate Certificate and Waiver

I hereby agree that I have read and understand the Drug and Alcohol Policy of Medical Staffing Partners, Inc. regarding drug and alcohol abuse.

I further agree to freely and voluntarily participate in the testing procedures related to and governed by this Drug and Alcohol Policy Statement.

I attest that any urine sample submitted by me will be mine. In addition, I agree that I will provide a list of any prescribed medication that I may be taking at such time that I provide a urine sample.

I hereafter agree to release Medical Staffing Partners, Inc. and the contracted medical facility or laboratory, their associates, agents and contractors from all liability relating to this testing program. I also consent to release those parties from all liability relating to any decisions that arise from the urine test results that could in any way effect my employment.

By typing or signing your name here you are certifying that you have read and understand fully the Drug Alcohol Policy of Medical Staffing Partners, Inc.

Safety on the Job Associate Acknowledgement

Medical Staffing Partners, Inc. sincerely hopes that you are never injured. However, if while on the job an injury does occur it is our desire for you to have the best medical care possible and receive all benefits available as quickly and efficiently as possible. In order for this to happen, you must be aware and practice the following:

Practice the Code of Safety for your specific job and work area. This includes complete compliance with all requirements of personal protective equipment for your job. Immediately report any unsafe working conditions to Medical Staffing Partners, Inc. Notify Medical Staffing Partners, Inc. immediately if an injury does occur while on the job.

Complete and submit an injury report form within 24 hours of your injury. Failure to do so could affect your eligibility of benefits.

By typing or signing your name here you are certifying that you have read and understand fully the Safety Instructions and your responsibilities required to maintain safety in the workplace.