



Pre-Employment Drug Screen

A pre-employment drug screen is required for employment with our company. You are responsible for the \$36.00 fee for this test. The drug screen is to be paid at time of testing. The 7-panel urine test includes screening for the following drugs: amphetamine, barbiturates, benzodiazepines, cannabinoid, cocaine, opiates, and phencyclidine. You must have a “negative” test result to be eligible for employment.

Please provide the information requested below so that we can register you for testing. A separate email will be sent with your registration and the closest LabCorp collection facilities to your residence. By completing and signing this form, you are consenting to this test and acknowledging the requirement of a passing result in order to gain employment with Whitestone Healthcare.

Social Security Number: _____

Driver License Number: _____

First Name: _____

Middle Initial: _____

Last Name: _____

Date of Birth (mm/dd/yyyy): _____

Daytime Phone Number: _____

Evening Phone Number: _____

Sex: ☐ Male ☐ Female

State of Residence: _____

Zip Code: _____

I hereby consent to this 7-panel urine drug test and acknowledge that employment with Whitestone Healthcare is contingent upon the results of this test.

Signature

Date