



Nationwide Investigations and Security, Inc.

1001 West Loop South, suite 216 • Houston, Texas 77027
Tel: 713-587-9600 • Fax: 832-553-7414 • Emergency: 1-800-294-6042

DRUG TESTING CONSENT

I, _____, hereby give my consent to authorize Nationwide Investigations & Security, Inc. and the testing laboratory designated to take a specimen of my hair, urine, or blood and submit it for random or reasonable suspicion drug test. I further consent to allow the laboratory testing service to make the results of such screen available to Nationwide Investigations & Security, Inc. In consideration for such services being rendered on my behalf, I hereby release the laboratory testing service, its officers, agents and employees from any and all claims, which I might otherwise have due to such results being made available. I hereby consent not to file any action at law or in equity against Nationwide Investigations & Security, Inc., the laboratory testing service, the respective officers, agents or employees in connection with the results of such screen being made so available; and I hereby agree to Indemnify and Hold Harmless Nationwide Investigations & Security, Inc., and the laboratory testing service, the respective officers, agents or employees from all damages, expenses, reasonable attorney's fees, and costs of court which they or any of them may suffer or incur, jointly or severally, due to the results of such screen being made so available.

Nationwide Investigations & Security, Inc. may request proof that I am taking a controlled substance as directed pursuant to a lawful prescription issued in my name. If requested, I agree to provide such proof within 72 hours.

I further understand that a positive test, refusal to authorize this form, refusal to take the test, or failure to produce a specimen, may result in disciplinary action up to and including disqualification from obtaining a position with Nationwide Investigations & Security, Inc.

Signature _____

Date _____

BACKGROUND CHECK AUTHORIZATION

- Armed (Commissioned)
 Unarmed (Non-Commissioned)

Other: _____

Print Name: _____
(First) (Middle) (Last)

Former Name(s) & Dates Used: _____

Current Address: _____
(Street) (City, State) (Zip)

Previous Address: _____
(Street) (City, State) (Zip)

Social Security Number: _____ Date/Place of Birth: _____
(Date) (City, State)

Driver's License Number / State: _____ Phone Number: _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize Nationwide Investigations & Security, Inc. and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for contract work and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to Nationwide Investigations & Security, Inc. or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release Nationwide Investigations & Security, Inc., the Social Security Administration, and its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

Signature _____

Date _____