



MEMORANDUM

Participant Authorization for Screenings/Checks

Medical Physical, Background Check and Drug Free Workplace Policy Acknowledgement

To: _____

(Print name of participant – Last name, First Name, Middle Initial)

You have been chosen as a Work Experience temporary program participant. You might be asked to work at a worksite which has a drug screening, medical physical and/or background check requirement for its participants. While you are an employee of Man-Tra-Con during this program, you will be required to adhere to drug screening/physical/background check requirements as required by the worksite and Man-Tra-Con. The drug screening policy includes an initial screening and could be followed by random drug screenings during your period of placement at the worksite as outlined in the Drug-Free Workplace Policy.

Man-Tra-Con also reserves the right to conduct random drug/substance testing on all temporary workers. By signing this acknowledgment, you understand this and acknowledge it. You also understand that failure to pass this random drug/substance testing, or refusal to have this testing can result in immediate dismissal.

By signing this document, you acknowledge that you have been made aware of the possible drug screening, medical physical and/or background check requirements at certain worksites and will accept an assignment at any worksites with this requirement. Your placement at the worksite location is contingent upon this information. I acknowledge receipt of and understand the Drug-Free Workplace Policy provided by Man-Tra-Con.

By signing this document, I authorize Man-Tra-Con Corporation to provide my Work Experience worksite with copies of background screening and drug testing results obtained by Man-Tra-Con prior to my employment as a participant in the Work Experience program. I further understand the records could be provided so as not to duplicate the screenings/tests, if I become an employee of my worksite.

Participant Signature

Date