



**PRE-EMPLOYMENT DRUG TESTING CONSENT
AND RELEASE FORM**

I hereby consent to submit to a drug test and to furnish a sample of my urine, as shall be determined by Alamo Area Resource Center to meet with their policy regarding the selection of applicants for employment.

I authorize and give full permission to have AARC and/or authorized agents and physicians to send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release all documentation relating to such test to AARC. I further agree to and hereby authorize the release of the results of said tests to AARC.

I further agree to hold harmless Alamo Area Resource Center and its agents and physicians from any liability arising in whole or part, out of the collection of specimens, testing and use of the information from said testing connection with AARC consideration of my application of employment.

I acknowledge that I have received and reviewed Alamo Area Resource Center's Zero Tolerance Drug Testing Policy, that I understand the Policy and that by signing and/or continuing employment with AARC, I also acknowledge that I am at-will employee and that my employment may terminated at any time for good cause, bad cause or nor cause. I understand that my refusal to submit to a drug screen or a positive result on such a drug screen can lead to my immediate termination for work related misconduct. I further acknowledge that my failure to adhere to this Policy may subject me to disciplinary action, up to and including immediate termination without advance warning.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original. I acknowledge that my signing of this consent and release form is a voluntary act on my part.

APPLICANT:

Print Name: _____

DOB: _____

Signature: _____

Date: _____

WITNESS:

Print Name: _____

Signature: _____



Confidentiality Agreement

As a staff member for the ALAMO AREA RESOURCE CENTER, Inc., if it is shown that any of the following confidential policies have been violated, or if performance does not reflect the minimum employment standards reviewed when hired, employment may be terminated.

Through employment with the AARC, a staff member may become privy to a person's HIV status and other personal information of other staff, clients, volunteers, and board members. It is the general policy of the ALAMO AREA RESOURCE CENTER that such information remains confidential.

- 1) Conversations with the Executive Director and/or Administrative Personnel are to remain confidential. Discussions between employees regarding but not limited to reprimands, evaluations, and salaries are violations of the minimum employment standards.
- 2) The duty to maintain confidentiality derives from an individual's right to privacy, which is established by federal and many state constitutions, federal and state statutes and regulations and common law doctrines. Additionally, ethical guidelines for various professionals require, with limited exceptions, that information concerning a consumer remain confidential
- 3) Board members, volunteers, consumers, staff, their families, and their partners have a right to privacy concerning disclosure of information related to HIV infection and any other personal information. The right to decide to whom information may be disclosed belongs to the individual about whom the information pertains and not agency employees or volunteers.
- 4) Disclosure of HIV related information could result in a loss of privacy, harassment, and discrimination; unauthorized disclosure by agency staff could lead to individual liabilities as well as criminal or civil penalties against the agency and its personnel.
- 5) Breaches of confidentiality can lead to loss of trust that will jeopardize the continued provision of services to persons with HIV infection, their families, and their parties.
- 6) All employees must sign a separate confidentiality statement prior to employment at the ALAMO AREA RESOURCE CENTER, Inc.
- 7) It is understood by signature to this confidentiality document that breach of any confidential information regarding clients, staff or the board are grounds for immediate termination.

Employee Signature

Date



RELEASE OF INFORMATION AUTHORIZATION

I hereby authorize Alamo Area Resource Center bearing this release to obtain any information from schools, residential management agents, employers, criminal justice agencies, Texas Department of Public Safety, or individuals, relating to my activities. I understand that to obtain such information; it may be necessary to provide confidential information such as my social security number, driver's license number and date of birth.

This information may include, but is not limited to, academic, residential, achievement, performance, attendance, personal history, disciplinary, arrest, and conviction records. I hereby direct to release such information upon request of the bearer. I understand that the information released is for official use by Alamo Area Resource Center and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

I hereby release any individual, including custodians of records, from any and all liability for damages of whatever kind or nature, which may at any time result to me on account of compliance, or any attempts to comply with this authorization.

Applicant's Name (printed) _____

Signed: _____ Date: _____

Witness Name (printed) _____

Signed: _____ Date: _____



BACKGROUND INFORMATION

Have you had any felony convictions in the past ten years? (please check one)

Yes No

Have you had any misdemeanor convictions in the last ten years? (please check one)

Yes No

If yes, please explain*.

List all violation convictions, including DWI.

**Note: A conviction does not automatically mean that you cannot be hired; extenuating circumstances and the nature of your conviction will be taken into consideration. So, please give a complete detail of any convictions.*



PLEASE READ CAREFULLY

I hereby certify that the statements in this application are true and correct, and I authorize the investigation of all statements made and answers to questions in the application. In addition, I understand that my conditional employment is subject to a background investigation and drug test. Subsequent knowledge acquired by Alamo Area Resource Center after employment may be cause for immediate termination.

Print Name: _____ Signature: _____

Date: _____

Please list any additional detail of any convictions (if applicable)
