

# Camp Haluwasa Background & Substance Abuse Form

## Substance Abuse Check Policy

I understand and agree that, as a condition of my hiring and/or continued employment with Haluwasa, Inc., I may be tested for the presence of illegal drugs or other substances. I hereby consent to the taking of blood and urine samples by Haluwasa, Inc. or its agents, for the purposes of the substance abuse and testing program. I further consent to the release of any test reports or such samples from the laboratory to Haluwasa, Inc. to the use of all such reports or other information in the assessment of my eligibility for my continued employment. I also consent for Haluwasa to administer an over-the-counter drug/or other substance test on camp at any time. I release and discharge Haluwasa, Inc., its director, officers, employees and agents from any liability arising from such test including the testing process and procedures and analysis and disclosure of results. *If I should refuse to participate, I understand I will not be considered for employment or continued employment, as the case may be.* I understand that Haluwasa, Inc. may terminate my employment at any time for violation of the Substance Abuse and testing policy for any reason consistent with Haluwasa policies.

***I have read and agree with the Substance Abuse Check Policy above:***

\_\_\_\_\_  
Applicant Name      Applicant Signature      Date

\_\_\_\_\_  
Parent Name (if Applicant is under 18)      Parent Signature      Date

## Background Check Policy

I also hereby authorize Haluwasa to request background checks from credit bureaus, court record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, police/sheriff's departments and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living. The following Consumer Reporting Agency will prepare the report: First Advantage Background Services Corp, PO Box 403532, Atlanta, GA 30384-3532. During the application process and at any time during the tenure of my employment with Haluwasa, Inc., I hereby authorize First Advantage Background Services Corp, on behalf of Haluwasa, Inc., to procure a consumer report.

**I have read and agree to the Substance Abuse Check Policy and the Background Check policy above.**

\_\_\_\_\_  
Applicant Name      Applicant Signature      Date

\_\_\_\_\_  
Parent Name (if Applicant is under 18)      Parent Signature      Date