



*World Wide Medical Staffing
Consent to Background Investigation Form*

Please read and fully understand the following regarding authorization for a background investigation. If you have any questions regarding your legal rights, please consult an attorney prior to signing this form. If signed, WWMS assumes that you fully understood the language set forth below.

In exchange for World Wide Medical Staffing (WWMS) consideration of my employment:

1. I promise that all of the information I have supplied in this application, and any other information, oral or written, is true and accurate, I understand that any misstated, misleading, incomplete, or false information is grounds for rejection of this application, refusal to hire, a withdrawal of an offer of employment, or immediate discharge without recourse, whenever and however discovered.
2. I hereby authorize WWMS, its agent or assigns, to contact my previous employers to request references. Further, I agree to hold WWMS and any such previous employer harmless for disclosure and authorize them to release any and all information pertaining to me and my employment.
3. I understand that WWMS maintains a drug-free workplace and that I will be given a copy of its policy to review at the time this application is made, and that I may be required to submit a drug/ alcohol test, undergo a post-job offer medical examination, or pencil and paper tests, designed to determine my suitability for the job for which I am being considered. Additionally, from time to time, I may be required to take subsequent tests during the course of my employment and consent to such post-job offer and post-hiring testing. I understand that, subject to applicable law, WWMS shall be the sole judge of the acceptability of any test results.
4. I acknowledge, and where applicable consent to, the following:

My employment is at will;

I may be discharged for any reason, without notice;

I am subject to a 90-day evaluation period;

Successful completion of my evaluation period does not change our at will employment relationship;

WWMS, its agent or assign may conduct a criminal background, driver license, education, employment history, and professional license verifications, credit investigation, and check my references;

Work schedules may vary and can be unpredictable, and as such, I may be required to work a different shift, weekends, or overtime;

I will be required to comply with the policies and protocols set forth in the WWMS employee handbook;

WWMS reserves the right to amend, change, and/or modify the policies and protocols set forth in its handbook I will contact WWMS if I feel that I have been unlawfully discriminated against by an employee, supervisor, or manager in connection with my employment. Further, I agree to give WWMS an opportunity to resolve the situation before I file a claim with a government agency or file a law suit.

Employee Print Name

Witness Signature

Employee Signature

Date