

CERTIFICATION & AUTHORIZATION TO RELEASE

Please Read and Sign Below:

I understand and acknowledge that as a condition of employment I must take and pass a drug test. I further understand that if the drug test indicates the presence of unlawful drugs in my system, I will be ineligible to work and/or I will be terminated from my employment with Trinity Healthcare Staffing Group, Inc. I consent to submit to a random urinalysis or other drug test during the course of employment. I authorize any laboratory or medical provider chosen by Trinity Healthcare Staffing Group, Inc. to perform such drug test and release the results directly to the company or any client I may service. I release any legal claim I may have against Trinity Healthcare Staffing Group, Inc., its clients, officers, agents, employees, and independent contractor administering the test, for requiring the test, and for any adverse employment action that may be taken as a consequence of the test or results. I understand that this agreement in no way limits Trinity Healthcare Staffing Group, Inc.'s right to terminate employment at any time for reasons other than those stated above. I agree to report any job-related injuries to Trinity Healthcare Staffing Group, Inc. as soon as possible, and to the supervisor immediately. I agree to obey all safety rules and precautions while on assignment. I understand that during the course of treatment that I may be required to undergo drug and alcohol testing, and that the results of these tests may have an impact upon my claim.

I affirm that the information provided in this employment application and supporting documentation is true and complete. I understand that any misrepresentation, falsification of facts or significant omissions on the application and supporting documentation may disqualify me from any further consideration for employment and may be justification for dismissal from employment if discovered at a later date. I authorize investigation of all information contained in this application, supporting documentation and resume, if one is submitted. Additionally, I authorize any individual or entity to provide information and opinion to the company as part of the investigation. I release Trinity Healthcare Staffing Group, Inc. from any legal liability from any damages from the disclosure of this information. I understand and agree that employment with Trinity Healthcare Staffing Group, Inc. is "at-will" and may be terminated by me or Trinity Healthcare Staffing Group, Inc. at any time for any reason. Trinity Healthcare Staffing Group, Inc does not guarantee any specific number of hours or shifts and that I may or may not be assigned. However, I agree that I will not become employed by any client where I have been assigned by Trinity Healthcare Staffing Group, Inc. for a period of three months following termination of my employment with Trinity Healthcare Staffing Group, Inc. In the event I have any concerns regarding my assignment to a client, I will immediately bring these concerns to the attention of Trinity Healthcare Staffing Group, Inc. I understand that a client may decide not to utilize my services at any time and that decision is made solely by the client. The reason for any such decision is at the sole discretion of the client and that I am not privy to that information. I agree that if this occurs, I may, or may not be assigned to other clients. I agree to keep my licensures, credentials and JCAHO inservice requirements current as long as I am employed by Trinity Healthcare Staffing Group, Inc. I agree to abide by the policies, procedures and supervision of the client to which I am assigned. I agree to abide by the policies, procedures and supervision of Trinity Healthcare Staffing Group, Inc.

All qualified applicants will receive consideration without discrimination because of race, sex, age, national origin or the presence of disabilities. I understand this entire application, including supporting documentation, in whole or part may be shared with any Trinity Healthcare Staffing Group, Inc. affiliated entity. I hereby authorize investigation of all statements contained in this application. I release Trinity Healthcare Staffing Group, Inc. from any and all liability resulting from such investigation.

My signature affirms that I have read and understand the contents of this document.

Applicant Name (Print): _____ Date: _____

Applicant Signature: _____ Date: _____