

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment, **including a background check**, as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “*at will*” nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this “*at will*” employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

Pristine Services Inc.
DRUG TEST AUTHORIZATION & UNIFORM RENTAL FORM
(NEXT PAGE)

I, _____, acknowledge that I may be required to submit to a drug screen test as part of the Drug And Alcohol Abuse policy of Pristine Services and such drug test may be a requirement of the company's pre-employment background check program or part of the company's random drug testing program. I further understand that the Drug and Alcohol Abuse policy prohibits the presence of illicit substances in the systems of its employees while on the job. A confirmed positive test is a violation of this policy. Additionally, a refusal to test, failure to submit adequate urine for test, or adulterated sample, constitutes a positive test.

I further understand that this analysis will be conducted by a certified laboratory with all data to be held in confidence except as otherwise necessary to carry out the objectives of this policy.

I understand that it is my responsibility prior to the drug testing to inform the laboratory and/or Pristine Services of any medication, prescribed or non-prescribed, that I may be taking and/or have taken within the last 60 days prior to the testing.

I consent to the release of the results of any drug test to authorized representatives of the Pristine Services for appropriate review. I release Pristine Services and the screening service, its affiliates, Officers, employees and any person affiliated with the testing from any claims, losses, damages or other liabilities due to any acts, omissions or negligence arising from or related to such testing.

I understand that if I am employed by Pristine Services and terminated for cause or voluntarily leave the company within 90 days of employment, my final paycheck will be deducted up to \$56 to cover the cost of the drug screening and background check and up to \$24 to cover the cost of each shirt issued.

I acknowledge that the Drug and Alcohol Policy of Pristine Services is to have a drug free environment. I consent freely and voluntarily to a drug test under the circumstances described above along with all the terms and conditions of the Drug and Alcohol Policy. I also understand that although I may not agree with the Drug and Alcohol Policy of Pristine Services, failure to acknowledge the policy with my signature below may prohibit my employment with Pristine Services. A photocopy of this authorization shall be deemed an original and shall be accepted as such by every person.

I also agree to a weekly \$8 deduction with a limit of \$24 for each shirt issued upon employment.

Signature

Date

Social Security Number

Date of Birth