

# Pre-Employment Drug Consent

Form 1740 — Onboarding

## ShiftNPay / Mastercare

I consent to a pre-employment drug screening test as a condition of employment. I understand that a positive result may disqualify me from employment consideration.

### Applicant Information

Applicant Name

Date

Applicant Signature

### Witness

Witness Name

Date

Witness Signature

### Results

Test Results