

# 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

[ Sign here ]

### Witness

Witness Name:

Date:

Witness Signature

[ Sign here ]

### Results

Test Results