



Background Check and Drug Screening

Full legal name: _____

Suffix (if any): _____

Add another name or alias: _____

Gender (optional): _____

Date of birth: _____

Home phone: _____

Mobile/Cell phone: _____

Social Security Number: _____

Additional Information: _____

We must collect contact information for the subject of the report in order to ensure screening compliance. We may contact the subject of the report to gather additional information or for scheduling.

E-mail address: _____

An e-mail will be sent with Drug Screening Information.
Drug Screening is completed at:

**Concentra Urgent Care
3900 Ben Hur Ave.
Willoughby, Ohio**

Signature: _____

Date Signed: _____