



AUTHORIZATION

I, _____, an **RN/LVN** gives authority to _____ to deduct the mandatory requirements for employment as follows:

| | |
|---|----------|
| Criminal Background Check (7 yrs. Felony) | \$ _____ |
| Sex Offenders | \$ _____ |
| Driver Records | \$ _____ |
| Criminal Link | \$ _____ |
| PPD (Pro-Lab) | \$ _____ |
| Chest X-Ray | \$ _____ |
| Drug Test (Urine) (Analytical Group) | \$ _____ |
| Mal-Practice | \$ _____ |
| Other additional requirements | \$ _____ |
| TOTAL | \$ _____ |

I understand, that if I decide not to continue my employment, ASAP will collect from me the total amount of the bill.

Conformed:

NAME: _____

SIGNATURE: _____

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