Applicant Referral for Pre-Employment Drug Screen

Date: _____

Program: _____

Supervisor: _____

Applicant Information (*All Fields Required*):

Full Name: _____

Driver's License #: _____

Email Address: _____

Phone Number: _____

Testing Location:

☐ **Concentra**-2225 NW Town Center Drive, Beaverton, OR 97006

☐ **Adventist Health Tillamook Hospital**-1000 3rd St, Tillamook, OR 97141

☐ **Drug Screens Inc**-936 E Harbor Drive, Warrenton, OR 97146

☐ **Performance Occup Health**-1516 Hudson St, Ste 201, Longview, WA 98632

Return this completed form to Joy Spangler (jspangler@cat-team.org) and Sherry Kluge (skluge@cat-team.org) in HR.

The associated Purchase Order for the testing fee, along with a copy of the Site Referral Form, should be submitted to Kim Petty (kpetty@cat-team.org) in Fiscal.