



WESTWAYS STAFFING SERVICES, INC.

Consent for Respiratory Fit Testing

I, _____, give my consent to receive a respiratory fit test prior to being hired for employment with Westways Staffing Services. I understand the need for this test prior to working at the facility assigned to me.

Name: _____

Witness: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

CORPORATE

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