

EMPLOYEE DRUG AND ALCOHOL SCREEN CONSENT FORM

I, _____ (Print Name), hereby understand that, as a condition of my employment, I may be subject to drug and/or alcohol testing for any of the following reasons:

- Pre-employment
- Post-Hire
- Post-Accident
- For Cause or Suspicion
- Random
- Promotion and/or Job Transition

I understand that a positive test result for alcohol and/or drugs, or my refusal to authorize the test by signing this form, may result in termination of my employment. I also understand that a positive test result for alcohol and/or drugs, or my refusal to authorize the test by signing this form, may result in denial of my claim for workers' compensation benefits. I further understand that the illegal use, sale, possession, or distribution of drugs or alcohol, as well as any illegally obtained prescription medication, is a violation of company policy and is cause for immediate termination. I release my employer, the qualified personnel collecting the sample and the lab performing the analysis from any liability whatsoever arising from this request. I understand that prescriptions not specifically prescribed to me may be considered an illegal substance. This acknowledgment of administration and consent will allow participation in the drug-testing program and shall remain in effect until revoked in writing. I understand and accept the terms of this agreement as a condition of my employment.

Employee Printed Name

Employee Signature

Driver's License Number

Social Security Number

Today's Date

Employee's Street Address

City State Zip Code