COMPANY LOGO

EMPLOYEE DRUG AND ALCOHOL SCREEN CONSENT FORM

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Print Name), hereby understand that, this company utilizes drug and alcohol screening to promote workplace safety and health. 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 (per Federal and State guidelines)

• 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 prescription drugs not prescribed to me may be considered an illegal substance. This acknowledgment of administration and consent will allow participation in the drug and alcohol 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