**DRUG AND ALCOHOL TESTING CONSENT FORM**

1. **CONSENT**. I, [INDIVIDUAL'S NAME], as a condition of my employment with [COMPANY'S NAME] (the “Company”), hereby consent to provide a specimen of my urine, blood, hair, breath, and/or saliva for the purpose of testing for the presence of prohibited drugs and/or alcohol at a laboratory designated by the Company.
2. **SPECIMEN TAMPERING**. I understand that refusing to provide or tampering with a specimen, or providing false information on a specimen’s chain of custody form, may result in the withdrawal of my eligibility for employment or termination of employment, depending on when the results are received.
3. **POSITIVE RESULTS**. I understand that failing to pass the drug test may result in the withdrawal of my eligibility for employment, or if I am already employed, disciplinary action up to and including termination, and that I may be required to participate in a mandatory rehabilitation treatment program (if offered by the Company) as a condition of continued employment should my test results indicate drug or alcohol abuse.
4. **CONFIDENTIALITY**. I understand that all information derived from this test will be kept confidential and released only to the Company’s designated representative. I also understand a documented chain of specimen custody exists to ensure the identity and integrity of my specimens throughout this collection and testing process.
5. **RELEASE**. I consent freely and voluntarily to the Company’s request for a specimen. I hereby release and hold harmless the Company and its employees and agents from any liability whatsoever arising from this request to furnish my specimens and the testing of my specimens.

**Applicant/Employee Signature**: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/) Date: [DATE]

Print Name: [INDIVIDUAL'S PRINTED NAME]