

DRUG AND ALCOHOL TESTING CONSENT FORM

1. **CONSENT.** I, _____, as a condition of my employment with _____ (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: _____ **Date:** _____

Print Name: _____