

Voluntary Consent to Employment Drug Screening

The employer named below, herein referred to as the "Company", has a vital interest in maintaining safe, healthful and efficient working conditions for its employees. Using or being under the influence of illicit drugs may pose serious safety and health risks not only for the user but his/her co-workers and the public.

By signing this notice, the applicant understands and voluntarily agrees to submit to pre-employment and/or post-employment drug screening. The applicant further agrees to release the Company and its directors, officers, agents, employees, parents, subsidiaries and affiliated concerns from any and all liability, claims, demands and causes of action of every kind and nature arising out of the pre-employment and/or post-employment drug screening and any decision concerning employment made by the Company, in whole or in part, based upon the results if the pre-employment and/or post-employment drug screen.

Any applicant who is unwilling to agree with these conditions should not apply for employment with the Company. Refusal of an applicant to agree to pre-employment drug screening at this time does not preclude an applicant from applying for employment with the Company at some future date when the applicant will agree to conform to our policies.

I understand that my offer with the Company is contingent upon my taking and passing a test for the presence of illegal drugs. I further understand and agree that I may be terminated if I am put to work before the Company obtains the drug test results, should the results be positive for the presence of illegal drugs. I voluntarily consent to have a sample of my urine and/or hair collected for the purpose of drug testing. In the event I should submit two or more samples for drug screening in connection with my application for employment or continued employment, I understand that each sample must be negative for the presence of illegal drugs.

The drug test will be conducted by a SAMSHA certified laboratory chosen by the Company. I hereby authorize the results of this testing to be released to the Company.

This consent is subject to revocation at any time upon written notice. I understand that I may receive a copy of this form upon written request.

Applicant Name (please print)

Employer Name

Employer Subscriber ID #

Applicant Signature

Driver's License # -or- State ID #

Social Security Number

Date