DRUG AND ALCOHOL TESTING CONSENT FORM

I hereby agree, as a condition for my further consideration for employment by \_\_\_\_\_\_\_\_\_\_\_, to submit to a drug and/or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis. I further authorize and give full permission to have \_\_\_\_\_\_\_\_\_\_ send the specimen or specimens so collected to a laboratory for a screening test for the presence of alcohol and/or any prohibited substances (which have been declared illegal under federal or state law), and for the laboratory or other testing facility to release any and all documentation relating to such test to \_\_\_\_\_\_\_\_\_\_ and/or to any governmental agency involved in a legal proceeding or investigation connected with the test.

I understand and agree that if I refuse to submit to this test, I will no longer be considered for employment. I further understand and agree that if the screening test indicates that I have any amount of prohibited substances in my bloodstream or urine, or if I have a blood alcohol content in excess of .04%, my application for employment will be rejected.

I will hold harmless \_\_\_\_\_\_\_\_\_\_, any physicians or medical personnel that it utilizes to conduct the drug and alcohol test, and any testing laboratory that \_\_\_\_\_\_\_\_\_\_\_may use from any alleged harm that may result to me from such testing, including failure to be considered for employment. I will further hold harmless \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, any physicians or medical personnel that it utilizes to conduct the drug and alcohol test, and any testing laboratory that \_\_\_\_\_\_\_\_\_\_\_may use for any alleged harm that may result to me from the release or use of information or documentation relating to the drug and alcohol test, as long as the release or use of this information is within the scope of the procedures described above.

I acknowledge that I have read and understand this Consent Form, and I have been told that I may ask, and \_\_\_\_\_\_\_\_\_\_ will answer, any questions that I may have about the drug and alcohol test to which I have consented.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date