

DRUG TESTING CONSENT FORM

I have applied for employment with _____ (the "Company"). As a condition for my application being considered, I understand and agree to undergo substance screening. I understand that if my test results are positive, I shall not be considered further by the Company for employment.

I hereby authorize the Company or any medical professional retained by the Company for screening purposes to conduct such screening and to provide such results to the Company. I release the Company and any person affiliated with the Company and any such institution or person conducting the screening from liability.

APPLICANT SIGNATURE

DATE

APPLICANT PRINTED NAME