CONSENT FOR DRUG/ALCOHOL SCREEN TESTING

If you are offered and accept employment with (company), in the interest of safety for all concerned, you will be required to take a urine test fordrug and/or alcohol use.
I, , have been fully informed of the reason for this urine test for drug and/or alcohol (I understand what I am being tested for), the procedure involved, and do hereby freely give my consent. In addition, I understand that the results of this test will be forwarded to my potential employer and become part of my record. If this test is positive, and for this reason I am not hired, I understand that I will be given the opportunity to explain the results of this test.

I hereby authorize these test results to be released to (company name).

Signature_____

Date_____

Witness_____

Date_____