

DRUG TESTING AUTHORIZATION AGREEMENT

Employee Authorization, Consent and Acknowledgement for Employment-Related Drug Screen

I, _____, understand and acknowledge that, as a part of the ongoing employment process, _____ ("the Employer") may require various types of drug screens for all worksite employees, including testing for reasons such as pre-employment, random, return to duty, post accident, reasonable suspicion/cause and those employees that suffer a work-related and/or occupational injury. I further understand and acknowledge that my employment is conditional until such time as the results of any drug testing are known.

I understand that it is the policy of the Employer to maintain a workplace that is free from the effects of both legal and illegal drug and/or alcohol abuse and I consent freely and voluntarily to the request of the Employer to take this drug screen. I further understand and acknowledge that refusal to take a drug screen or failing a required drug screen, may result in termination of my employment with the Employer.

For the employment purposes of the Employer, I authorize and consent to the following:

The Employer may request a duly licensed drug screening clinic to conduct a drug screen of me to the extent needed or requested by the Employer; and

The clinic may release any information obtained from me, or the drug screen, including all test results to the Employer.

I acknowledge and understand the following:

The drug screening I am scheduled to take is for the benefit of the Employer and not for my personal use;

The drug screen may involve blood and urine, including the tests for the presence of any legal or illegal drugs, including marijuana, cocaine, opiates, amphetamines, phencyclidine and alcohol in my body;

I must not rely on the results of this medical test for my own health and/or medical care purposes;

The Employer may make a decision regarding the future of my employment based upon the result(s) of the drug screen;

The above-mentioned clinic will not release the information obtained, as a result of the drug screen, to me without the consent of the Employer; and

This authorization, consent and acknowledgement will be in effect for twelve (12) months from the day I sign it and may not be modified or revoked without written consent and/or authorization from the President or controlling Officer of the Employer company.

I, _____, fully understand and hereby agree to the terms set forth herein by the Employer, upon execution of this Authorization Agreement on this _____ day of _____, 20____. I further understand and hereby agree that nothing in this Agreement should be considered as altering the employment-at-will relationship between myself and the Employer.

Employee Signature

Signature of the Employer's Representative