

(COMPANY NAME)
DRUG TESTING AUTHORIZATION & CONSENT FORM

I, the undersigned, hereby knowingly and voluntarily authorize and consent to the collection and testing of specimens of my urine by a collection site and laboratory to be designated by Company or its designated agent, Employment Screening Services, Inc., for the purpose of drug testing.

I authorize the collection site, laboratory and medical review officer (MRO) to disclose the results of my drug tests to Employment Screening Services, Inc. and I further authorize Employment Screening Services, Inc. to disclose the results to Company.

I acknowledge that the drug test results will be utilized by Company to determine my eligibility for employment or continued employment, therewith.

I acknowledge that at the time of collection, a refusal to authorize the collection and testing of my urine by the collection site and laboratory, or a refusal to authorize the above disclosure of the test results will be treated as a positive drug test. I further acknowledge that a positive drug test will result in disciplinary action up to and including denial of employment or termination, if hired.

In addition, I hereby knowingly and voluntarily release Company, Employment Screening Services, Inc., the collection site, the testing laboratory and their respective officers, directors, employees and agents from any and all claims, damages, losses, liabilities, costs and expenses, including attorney fees, arising from or relating to such collection and testing and any disclosure of the results thereof, including without limitation, the disclosure of any inaccurate or incomplete results, to the fullest extent permitted by law.

I further authorize the testing laboratory to disclose the results of my drug screen to Company, or its agents, Employment Screening Services, Inc. for a period of time not to exceed two years from the date of my signature below.

I acknowledge that I have the right to receive a copy of this authorization.

I have read and understood the above Authorization & Consent in its entirety, and I agree that a copy of this document is as valid as the original.

Applicant's Signature

Date

Applicant's Printed Name

Address

City

State

Zip

Street

Social Security Number: _____

Applicant Home Phone Number (may be necessary for sending documents):

Applicant Email address (may be necessary for delivering message):

Zip Code You Would Like Collection Site Near: _____