

Drug/Alcohol Testing Consent Form

Company Name: _____

Applicant/Employee Name: _____

I hereby agree to submit to a drug or alcohol test by furnishing a sample of my urine, breath, and/or blood for analysis. I have been fully informed of the reason for this test and I understand what I am being tested for and the procedure involved. I am fully aware that the results of this test will be forwarded on to my potential employer or current employer and will become part of my record.

I understand that if at any time I refuse to submit to a drug or alcohol test, or if I otherwise fail to cooperate with the testing procedures, my application for employment may be immediately withdrawn from consideration or I may be subject to immediate termination.

Signature of Applicant/Employee

Date

Company Representative

Date