

APPLICANT DRUG TESTING CONSENT AGREEMENT

As a prerequisite to employment, I hereby agree to allow the Company to collect urine samples from me to determine the presence of illegal drugs in my body. Further, I give my consent to release my test results to authorized Company Management for appropriate review, and authorize the Company to use the test results as a defense to any legal action to which I am party.

I understand that the results of the drug testing of my urine, if confirmed positive will remove me from consideration for employment. I also understand that if I refuse to consent, I will be removed from further consideration of employment.

Further, I understand that if employed by the Company, I must abide by the terms of the Company's drug-free work place policy and may be required to submit to testing for the presence of illegal drugs or alcohol. I understand that submission to such testing is a condition of employment with the Company, and disciplinary action, up to and including discharge, may result if (1) I refuse to consent to such testing; (2) I refuse to execute all forms of consent and releases of Liability as are usually and reasonably attendant to such examination; (3) I refuse to authorize release of the test results to the Company (if the tests establish a violation of the Company's drug-free work place policy); or (4) I otherwise violate the policy.

ACCEPT

I hereby consent to the administration of the drug test and to the terms and conditions of the Consent Agreement.

Applicant's Signature _____ Date _____
Social Security Number _____

Witness' Signature _____ Date _____

REFUSE

I hereby refuse the drug detection urine test

Applicant's Signature _____ Date _____
Social Security Number _____

Witness' Signature _____ Date _____