(company name)

CONSENT TO DRUG/ALCOHOL TESTING

I understand it is the policy of (COMPANY) to conduct drug and/or alcohol tests of job applicants for the purpose of detecting drug and/or alcohol abuse, and that one of the requirements for consideration of employment (COMPANY) is the satisfactory passing of the company's/organization's drug and/or alcohol test(s).

For the purpose of being further considered for employment, I hereby agree to submit to a drug and/or alcohol test.

I understand that favorable test results will not necessarily guarantee that I will be employed by the company/organization.

If I am accepted for employment, I agree to take drug and/or alcohol tests whenever requested by the (COMPANY) and I understand that the taking of such tests is a condition of my continued employment.

I also give consent to the testing agency to release to the (COMPANY) and other officially interested parties the results of my tests and other test-related information.

At this time I consent to a drug and/or alcohol test.

_____
Print Name

_____ _____
Signature Date

_____ _____
Company Witness Signature Date

SAMPLE