{{ text\_company\_legal\_name|upper }}  
DRUG TESTING CONSENT FORM

# ACKNOWLEDGMENTS

By signing this Drug Testing Consent Form (“Consent”), I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am agreeing to submit to one or more drug test(s) (the “Drug Test(s)”) according to the terms described below. In addition, my signature on this Consent also constitutes my acknowledgment that {{ text\_company\_legal\_name }} (“{{ text\_company\_short\_name }}” or the “Company”) already made me aware of its policies and procedures regarding drug use by the Company’s employees, which include:

• A prohibition on the use of *illegal* drugs at any time while employees are: (i) on {{ text\_company\_short\_name|possessive }} premises; (ii) performing their job duties for {{ text\_company\_short\_name }}, regardless of where such employees may be performing those duties; or (iii) *either* operating vehicles owned by {{ text\_company\_short\_name }} or operating their own vehicles while performing any Company-related business.

• A prohibition on the abuse/misuse of *prescribed* drugs at any time while employees are: (i) on {{ text\_company\_short\_name|possessive }} premises; (ii) performing their job duties for {{ text\_company\_short\_name }}, regardless of where such employees may be performing those duties; or (iii) *either* operating vehicles owned by {{ text\_company\_short\_name }} or operating their own vehicles while performing any Company-related business.

• The right to require a Drug Test from all job applicants, and the right to refuse to hire an applicant who refuses to be tested or who fails such a Drug Test.

• The right to require current employees to undergo one or more Drug Tests in certain situations, as well as the right to fire employees who refuse to be tested or who fail such Drug Tests.

I also acknowledge and agree that if I’m required to take *legal* (e.g., prescribed) drugs that I reasonably believe will prevent me from safely performing my job duties, or that will otherwise cause me to be a threat to others, I will notify {{ text\_hr\_person }} of the facts related to my medication, including whether I am requesting an accommodation under applicable law.

# agreement to be tested

yn\_drug\_testing\_applicants != "No"

## Conditional / Pre-Employment Testing

Subject to the provisions of this Consent, I agree to submit to one or more Drug Test(s) conducted by {{ text\_company\_short\_name }} as part of the hiring process. This means that I consent to undergo a pre-employment Drug Test, at the Company’s sole discretion, if I want to continue having {{ text\_company\_short\_name }} consider me for employment.

I further acknowledge and agree that any offer of employment I receive from {{ text\_company\_short\_name }} shall be deemed conditional, whether I actually commence work with the Company or not, until either of the following occurs: (i) I undergo a pre-employment Drug Test (to be administered in the manner described below) and the test results are *negative*; or (ii) {{ text\_company\_short\_name }} provides me with a written waiver of my obligation to submit to such a pre-employment Drug Test.

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yn\_drug\_testing\_random != "No"

## Random / Periodic Testing

While I acknowledge that random or periodic Drug Testing imposes a greater intrusion into my legally protected privacy rights, I also acknowledge that the nature of my job duties at {{ text\_company\_short\_name }}, coupled with the need to protect the safety/rights of the public, my fellow employees, and the Company’s clients/customers, justifies such an intrusion. Consequently, I consent to undergo random or periodic Drug Test(s) when {{ text\_company\_short\_name }} requests that I do so.

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## Post-Incident / Reasonable Suspicion Testing

I consent to submit to one or more Drug Tests in the event of my involvement in any accident, incident, or injury that occurs either while I’m performing my job duties for {{ text\_company\_short\_name }}, or while I am engaged in any business on the Company’s behalf, if {{ text\_hr\_person }}, along with another management-level representative at {{ text\_company\_short\_name }}, reasonably believes that I am (or was at the time of the accident, incident, or injury) under the influence of drugs or alcohol.

# CERTIFIED LABORATORY

I acknowledge that the Drug Test(s) will be conducted by a licensed/certified laboratory of the Company’s choosing located as near my job site as is reasonably practicable.

I agree to leave the specific nature of the Drug Test(s) to the laboratory’s discretion, and thus as part of my consent to undergo such case specific Drug Test(s), I agree to provide the facility conducting my Drug Test(s) with a sample of my urine, blood, saliva, hair, and breath, or to participate in any other type of generally accepted Drug Testing procedure, such as a pupil reaction eye test, that the laboratory may request of me.

While I provide any required samples (e.g., urine, blood, etc.) for testing, I consent and agree to be monitored by someone of my gender who is employed by the laboratory. I acknowledge and agree that the laboratory will collect and test the relevant samples that I provide utilizing generally accepted testing protocols.

# Authorization to disclose results / confidentiality

I authorize the licensed/certified laboratory to disclose the results of my Drug Test(s) to {{ text\_company\_short\_name }}, the results of which the Company shall keep confidential to the extent required by applicable law. As an increased measure to secure the confidentiality of the results of my Drug Test(s), {{ text\_company\_short\_name }} will store the results separately from my personnel file.

# COMPENSATION

yn\_drug\_testing\_applicants != "No"

With respect to purely pre-employment/applicant testing (i.e., I have not yet commenced working for the Company), I acknowledge that {{ text\_company\_short\_name }} has informed me that it will pay for all costs associated with conducting the Drug Test. {{ text\_company\_short\_name }} will not, however, compensate me for the time spent undergoing any Drug Testing, traveling to and from the testing facility, or for any miles driven in my vehicle.

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If I am a non-exempt employee (whether my employment is conditional or not) and {{ text\_company\_short\_name }} requests that I undergo one or more Drug Tests, then I acknowledge that {{ text\_company\_short\_name }} has informed me that it will treat all the time I spend undergoing Drug Test(s) (including travel time) as hours worked for purposes of determining whether I’m entitled to receive overtime pay.

Likewise, regardless of whether I am an exempt or non-exempt employee, I acknowledge that {{ text\_company\_short\_name }} has informed me that it will reimburse me for all miles traveled in my vehicle getting to and from the testing facility at the standard per-mile IRS rate, and that {{ text\_company\_short\_name }} will pay for all costs associated with the Drug Test(s).

# POSITIVE TEST RESULTS

yn\_prohibit\_pot != "No"

In the event that the results of my Drug Test are positive (i.e., the results indicate my use of one or more prohibited substances), I will not only have the right to undergo a second Drug Test, again at the Company’s expense, but I will also have the right and opportunity to explain whether or not the positive test results arose out of my use of *legal* prescription medications (*excluding* marijuana, which, for the purpose of {{ text\_company\_short\_name|possessive }} anti-drug policies, constitutes a prohibited substance).

###

yn\_prohibit\_pot == "No"

In the event that the results of my Drug Test are positive (i.e., the results indicate my use of one or more prohibited substances), I will not only have the right to undergo a second Drug Test, again at the Company’s expense, but I will also have the right and opportunity to explain whether or not the positive test results arose out of my use of *legal* prescription medications.

###

# RELEASE

I knowingly and voluntarily release {{ text\_company\_short\_name }} from any claims, causes of action, damages, or liabilities related to or arising out of the Drug Test(s), including: (i) actions or inactions taken by the testing facility prior to, during, or after the Drug Test(s); (ii) violations of applicable laws concerning the testing of employees; or (iii) errors committed by the testing facility in the conduct or reporting of any Drug Test results (collectively, “Claims”).

In addition to the above-stated general release, provided that all Drug Tests I undergo are performed according to generally accepted testing standards and in compliance with this Consent, I further agree to waive the provisions of Civil Code section 1542 with respect to any Claims related to my consenting to, or undergoing, the Drug Test(s), as well as the manner in which the Drug Test(s) are conducted. I acknowledge that I have been informed of the meaning of Civil Code section 1542, which states that:

**A general release does not extend to claims that the creditor or releasing party does not know or suspect to exist in his or her favor at the time of executing the release and that, if known by him or her, would have materially affected his or her settlement with the debtor or released party.**

# FULL UNDERSTANDING

I acknowledge and agree that in signing this Consent, I did so with a firm understanding of its meaning and of my rights. I further acknowledge that I had a reasonable opportunity to address any questions or concerns I had regarding this Consent.

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK

I have signed this Consent as of the date set forth below.

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Employee Signature]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
[Employee Printed Name]

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