DRUG AND ALCOHOL TESTING

NOTIFICATION AND CONSENT

Before collection of a urine or a breath sample from an employee/applicant, this form must be completed and on file.

I understand that, as required by federal regulation and/or my employer's policy, all employees hired or transferred into safety-sensitive positions must submit to controlled substance testing involving the collection of a urine sample which will be tested for the following controlled substances: marijuana, cocaine, opiates, amphetamines, and phencyclidine (PCP). The federal regulations and/or my employer's policy also require that additional urine samples for controlled substance testing and breath samples for alcohol concentration testing may be requested throughout my employment and is a condition of my continued employment.

I understand if I test positive for controlled substances and/or alcohol, that I am not medically qualified to operate a commercial motor vehicle or to perform other safety-sensitive functions. I also understand I will be given reasonable opportunity to confer with my employer's medical review officer before any positive drug test result is reported to my employer. A refusal to submit to testing or any other violation of my employer's Drug and Alcohol Testing policy shall be considered as a refusal to comply with company policy and my result in my immediate termination with my Employer.

The results of any and all drug and/or breath alcohol tests will be maintained by the companies current Drug and Alcohol Testing facility and who, acting as an agent of my employer, shall be allowed by this consent to report such testing results directly to my employer, I understand that testing results will not be released to any additional parties without my written authorization to release such results, except as provided under federal, state, or local law.

I hereby agree to submit to any and all urine drug tests and/or breath alcohol concentration tests as required by my employer's policy and as requested by my employer.

Date_____

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Applicant's/Employee's Name (Please Print)

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Applicant's/Employee's Signature