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| **Drug Testing Consent Form** |
| I have applied for employment with \_\_\_\_\_\_\_\_(name of agency) in a position that requires me to operate an automobile. As a condition for my application being considered, I understand and agree to undergo substance screening. I understand that if my test results are positive, I shall not be considered further by ­­­\_\_\_\_\_\_\_for driver related position.  I hereby authorize any physician, laboratory, hospital or medical professional retained by \_\_\_\_\_\_ for screening purposes to conduct such screening and to provide the results to \_\_\_\_\_\_, and I release \_\_\_\_ and any person affiliated with \_\_\_\_\_\_\_\_and any such institution or person conducting the screening, from liability therefore.  Applicant's signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Applicant's name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |