

Applicant consent for drug testing

, (applicant name), do he	reby agree to submit
to testing to be performed by (laboratory name/address)	
for detection of drugs and alcohol. I give permission for test results to be released to	
	(company name).
understand that positive test results, refusal to be tested, or any attempt to affect the	test results or test
sample will result in withdrawal of my application for employment, withdrawal of any p	provisional
employment offer I have received from	
(company name) or termination of employment, depending on when results are receiv	ed.
(Applicant signature)	
(Date)	
(Witness signature)	
(Date)	