

**NEW HIRE CONSENT/REFUSAL FORM**

I, \_\_\_\_\_, understand that I must take and pass a drug  
PRINT NAME

test if I want to be hired by \_\_\_\_\_ I know I may refuse to take the test if I wish,  
but that my refusal will mean I will not be hired.

I understand that if I consent to testing:

- I will have to provide a specimen at a collection site chosen by the Company and cooperate in the site's normal collection procedures;
- My specimen will be tested by a certified laboratory chosen by the Company for marijuana, cocaine, opiates, amphetamines, and phencyclidine (and such other controlled substances as may be dictated by the circumstances in accordance with the requirements of applicable law);
- If the laboratory finds evidence of drug use in my specimen, the Medical Review Officer ("MRO") will make reasonable efforts to contact me so I can attempt to explain or rebut my test results. If I explain or rebut the results to the satisfaction of the MRO, I will be treated as if I passed the test. If not, I will have failed the test. The MRO will disclose my test results to the Company; and
- If I refuse to cooperate or fail the drug test, I will not be hired by the Company.

After considering my options, I have freely, knowingly and voluntarily decided to:

\_\_\_\_ REFUSE TO BE TESTED

\_\_\_\_\_ CONSENT TO AND AUTHORIZE TESTING AND THE  
DISCLOSURE OF MY TEST RESULTS TO THE COMPANY, AND RELEASE  
THE COMPANY, ITS MRO, COLLECTION SITE AND LABORATORY, AND  
THEIR AGENTS, FROM ANY LIABILITY THEY MIGHT OTHERWISE HAVE  
FOR THE ACTIONS I AM AUTHORIZING.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Applicant SSN

\_\_\_\_\_  
Date and Time

\_\_\_\_\_  
Applicant Phone Number