

Drug Testing Consent Form

I have applied for employment with your company, as a condition for my application being considered, I understand as part of my pre-employment screening, and voluntarily agree to undergo substance screening. I understand that if my test results are positive, I shall not be considered employment further by your company

I hereby authorize any physician, laboratory, hospital or medical professional retained by your company for screening purposes to conduct such screening and to provide the results to your company.

Applicant's signature: _____

Applicant's name: _____

Date: _____