**Drug Testing Consent Form**

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| --- | --- |
| **Company Name:** |  |
| **Company Address:** |  |
| **City/State/ZIP** |  |
| **Phone:** |  |

**Employee Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name:** |  | | |
| **Date of Birth:** |  | **Position Applied For:** |  |
| **Job Title:** |  | **Department:** |  |

**Consent and Acknowledgment**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print full name), understand that as part of the employment process and/or continued employment with **[Company Name]**, I may be required to undergo drug and/or alcohol testing.

I hereby voluntarily consent to provide a urine, hair, blood, and/or saliva sample (as required) for the purpose of testing for the presence of illegal drugs, controlled substances, or alcohol.

I acknowledge and agree that:

1. The testing will be conducted by a qualified laboratory or medical professional selected by the company.
2. Refusal to submit to testing, attempting to tamper with a sample, or a confirmed positive test result may result in disciplinary action, up to and including withdrawal of a job offer or termination of employment.
3. Test results will be kept confidential and disclosed only to individuals with a legitimate business need to know, in compliance with applicable federal and state laws.
4. This consent form is valid throughout the duration of my employment with **[Company Name]**.

**Authorization**

I authorize the release of my drug/alcohol test results to **[Company Name]** or its designated representative for employment-related purposes.

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant Signature:** |  | **Date:** |  |
| **Printed Name:** |  |  |  |

**Employer/HR Use Only**

|  |  |  |  |
| --- | --- | --- | --- |
| **Test Scheduled On:** |  | **Test Administered By:** |  |
| **HR Representative:** |  | **Date:** |  |