Consent to Drug and Alcohol Testing

I understand that Segue Distribution, Inc. prides itself in maintaining a safe work environment for its employees and others and accordingly requires all employment and independent contractor applicants to tale a urine test for drugs and/or alcohol.

I hereby voluntarily and freely give my consent to such test, having been fully informed of the test procedure involved, of what I am being tested for, and that a copy of the results be placed in my record if I am ultimately contracted (or hired). The results will not be released to any additional parties without my written authorization.

I also understand that if, in the event of a positive test result for controlled substances, I am not qualified to operate a commercial vehicle for Segue Distribution, Inc. and my contract (or employment) with Segue Distribution, Inc. will be terminated immediately.

I understand that in the event my contract (or employment) is terminated because of a positive test result for controlled substances, the cost of the drug test will be deducted from my final pay check.

_____, _____

Applicants Printed Name *Social Security Number*

_____, _____

Applicants Signature *Date*

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