

**Drug & Alcohol Testing Program**  
**Consent Form**

I hereby release this company, its officers, agents, employees and attorneys from any and all liability that may in any way arise from, or in any way be connected with the company's drug and alcohol testing program, disciplinary program, or allowing me to continue to work with the company. I specifically waive any rights of action under any theory of the law and the like, including, specifically, but not limited to, theories of negligent, and/or intentional infliction of emotional distress, negligence, invasion of privacy, wrongful discharge, defamation, slander, or any like or similar theory.

By my signature below I acknowledge that I have read, understand and agree to comply with the drug and alcohol testing program of, this company as well as the U.S. Department of Transportation regulations as contained in 49 CFR Part 382.

I also understand that it is a condition of being considered for employment, of continued employment by the company that I agree to abide by the company policy. By my signature I consent to urine and/or breathe testing for controlled substances and/or alcohol prior to and at any time during my employment when requested by my employer on a random or event triggered basis. I hereby specifically authorize the company to have all and immediate access to any and all of my urine and/or breath custody and control forms and the results thereof.

I understand and agree that I may not be under any degree of influence of alcohol or controlled substance at any time during my employment. Should any level of alcohol or controlled substance be detected in any of my breath or urine at any time while employed, the company shall have grounds for immediate termination of my employment. This authorization specifically covers any random, or event triggered testing as may be required by U.S. Department of Transportation regulations or company policy.

Any positive test results or refusal to submit to any type of test shall constitute my automatic resignation from this company.

\_\_\_\_\_  
**Driver - Print Name**

**X**

\_\_\_\_\_  
**Driver's Signature**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness-Signature** Company Representative

\_\_\_\_\_  
**Date**