



Drug (Controlled Substances) and or Alcohol Testing Policy Consent Form

Applicant Name: _____

I hereby acknowledge that I have read and understand the Drug and Alcohol Policy of M.E. Simpson Company, Inc.. I understand that I will have to provide a urine specimen to be used in testing for the presence of controlled substances in my system as detailed in the Drug and Alcohol Policy. I consent to these test(s) and authorize the release of test results to the medical review officer designated and to the company's designated representative. I understand that the results of the test(s) may be ground for my not being hired. I also understand that the testing is voluntary on my part, but that if I refuse to submit to such testing my application may no longer be considered for employment in accordance with the Alcohol and Drug Policy.

Date

Applicant Signature

Date

M.E. Simpson Co., Inc./Administrator

I refuse to submit to the Drug and Alcohol Policy of M.E. Simpson Company, Inc. said test(s), and understand that my refusal may result in the rejection of my employment application.

Date

Applicant Signature

Date

M.E. Simpson Co., Inc./Administrator