



**DRUG AND ALCOHOL TESTING
POLICY STATEMENT AND CONSENT FORM**

CMG is committed to maintaining a safe, productive work environment at all facilities and work sites to which it assigns associates and to safeguarding all property connected with such employment. The agreement and cooperation of this policy and the signing of this form is required of all persons as a condition of employment or of continued employment by CMG.

It is the policy of CMG to not retain any person who test positive for any illegal drug or use illegal drugs or a controlled drug, (including alcohol) in any amount regardless of frequency without a medically prescribed prescription. Therefore, consistent with the law, CMG associates may be required to undergo a drug screening test for any of the following reasons:

- Continuation of employment
- For cause due to reasonable suspicion by a CMG On-site manager or any manager of CMG's client
- Post-accident (work related injury)
- Randomly to ensure consistency and continuance of the policy
- Follow-up testing during and after chemical dependency treatment

I understand that according to this policy, I may be asked to go to a professional drug testing facility and submit a sample of my urine and/or other body fluids, tissue, or filaments for chemical analysis.

I consent freely and voluntarily to this request for a specimen or specimens of urine and /or other body fluids, tissue or filaments. I hereby and herewith release CMG, the medical provider obtaining the samples, and the laboratory performing the analysis (including its employees, agents and contractors) from any liability whatsoever arising from this request to furnish my urine and/or other body fluids, tissue or filaments, the testing of the sample and decisions made concerning my employment based upon the results of the analysis.

I understand that any person refusing to take or failing to pass the drug and alcohol screening test will not be qualified for employment with CMG until a negative drug and alcohol test result can be obtained. Initial testing and confirmatory tests for positive results are at the expense of CMG or the Client of CMG. Re-testing is at my expense, consistent with state law.

I have read the foregoing policy statement and consent form and understand and agree to submit to drug and alcohol testing as part of the terms and conditions of my employment with CMG.

Name: _____ (Please print)

Social Security Number: _____

Signature: _____ Date: _____

Witness: _____ Date: _____