



**Drug & Alcohol Testing Consent Form for Applicants  
Who Have Received a Conditional Offer of Employment - MRO**

**Acknowledgment Receipt**

I acknowledge that I have received a job offer from **CORPORATE MANAGEMENT GROUP (CMG)** conditioned upon my submitting to and passing a drug and alcohol test. I have also received, read and understand **CORPORATE MANAGEMENT GROUP's** Policy and Procedure for Drug and Alcohol Testing ("Policy"). I understand that if I am hired I will be employed on an at-will basis and that this Policy does not alter the at-will nature of the employment relationship.

I hereby agree to submit to drug and alcohol testing under the Company's Policy.

I also understand that test results and other information acquired in the drug and alcohol testing process may be disclosed to and discussed with a Medical Review Officer ("MRO"). I hereby consent to such test results and other information being disclosed to and discussed with an MRO.

X Dated: 12/27

X [Signature]  
Employee Signature

X Janelene Navarrete  
Employee Name (Printed)

Witnessed by:

Dated: 12/27/2018

[Signature]  
Witness Signature

Man Anderson  
Witness Name (Printed)

# TEST RESULTS RECORD

Test Reference Number MD-56101 Name of Collector \_\_\_\_\_

## COMPANY INFORMATION

Company Name Corporate Management Group Phone 651-466-3833 Fax \_\_\_\_\_  
 Address 464 Broadway Ave. City St. Paul Park State/Province MN Zip/Postal Code 55071

## DONOR INFORMATION

X Last Name \_\_\_\_\_ Employee I.D. \_\_\_\_\_  
 X First Name \_\_\_\_\_  
 Type of Identification Provided:  Driver's License  Employee Photo I.D.  Other \_\_\_\_\_  
 Reason for test:  Pre-employment  Random  Reasonable cause  Post-accident  Other \_\_\_\_\_

## CERTIFICATION

I hereby certify that the specimen provided is my own and has not been substituted or adulterated. I further agree and grant permission for the testing of my specimen for drug metabolites and alcohol.

X Donor signature \_\_\_\_\_ Date / Time \_\_\_\_\_  
 I hereby certify that I collected the specimen provided by the aforementioned Donor and that it was not substituted or adulterated to the best of my knowledge.  
 X Collector signature [Signature] Date / Time 12/27/2018  
 Laboratory signature \_\_\_\_\_ Date / Time received \_\_\_\_\_

## TEST RESULTS

Date/Time Collected \_\_\_\_\_  
 Time Interpreted \_\_\_\_\_

NOTE: Lab personnel obtain specimen samples by puncturing the lab extraction ports on the side of device with a needle and syringe and drawing out the sample.

Side of Device



Cut out this panel to copy or scan results

Drug Name	Symbol	Negative	Positive	Not Tested
Alcohol	ALC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amphetamine	AMP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buprenorphine	BUP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzodiazepine	BZO	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	COC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EDDP	EDDP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana	THC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methadone	MTD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine	MET	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opiates	OPI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxycodone	OXY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phencyclidine	PCP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes / Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# SuperMom's New Employee Training Quiz

Name (Print): Jailene Navarrete Date: 12/27

Language Spoken: english

10 questions (choose one answer per question)

**1. Who is responsible for food safety & quality at SuperMom's?**

- Supervisors
- Everyone

**2. Food and beverages may be stored in your locker:**

- True
- False

**3. I must report to my Supervisor if I have:**

- Diarrhea or Vomiting
- Jaundice
- Salmonella
- Lesions with pus (boils or wounds)
- All of the above.

**4. Only clear nail polish can be worn in the production area.**

- True
- False

**5. How long should you wash your hands for?**

- 20 Seconds
- 10 Seconds
- 5 Seconds
- I don't need to wash my hands

**6. Hairnets are required at all times when they are in the production area. Beard nets are required for men with beards.**

- True
- False

**7. Plain wedding bands are allowed to be worn in production areas.**

- True
- False

**8. All employees are required to wear slip-resistant shoes in production areas.**

- True
- False

**9. Smocks may be worn outdoors.**

- True
- False

**10. Everyone is required to have an identification badge.**

- True
- False

*By signing below you agree that you have been trained and understand the topics outlined in the training.*

Employee (Signature): *JN* Date: 12/27

Training Representative: *[Signature]* Date: 12/27/2018