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.

Dated: 06/12/18

Employee Signature

Jordan Isaac

Employee Name (Printed)

Witnessed by:

Dated: 06/12/2018

Witness Signature

Jeymi S Campos

Witness Name (Printed)

TEST RESULTS RECORD

Test Reference Number MD-96101 Name of Collector _____

COMPANY INFORMATION

Company Name Cooper Management Group Phone 651.644.3919 Fax _____

Address 760 Broadway Ave City St. Paul Park State/Province MN Zip/Postal Code 55

DONOR INFORMATION

Last Name _____ Employee I.D. _____

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 _____ 06/12/2018

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.

_____ 06/12/2018

Collector signature Date / Time

_____ _____

Laboratory signature Date / Time received

TEST RESULTS

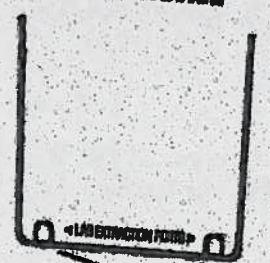
Date/Time Collected _____

Time Interpreted _____

Drug Name				Result
Buprenorphine	BUP		☐	☐
Cocaine	COC	☒	☐	☐
Marijuana	THC	☒	☐	☐
Methamphetamine	MET	☒	☐	☐
Oxycodone	OXY		☐	☐
			☐	☐

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



Lab extraction ports

Notes / Comments _____

_____

_____

YOUR SOCIAL SECURITY CARD

ADULTS: Sign this card in ink immediately.
CHILDREN: Do not sign until age 18 or your first job, whichever is earlier.

Keep your card in a safe place to prevent loss or theft.
DO NOT CARRY THIS CARD WITH YOU.
Do not laminate.

CARD

ot allow others to use your number
st or stolen. Protect both your card

it record (if you are entitled) if your
. changes. You will need to file an
your identity, and we may request

your employer uses the same name
an record your earnings correctly.
cping purposes. Such use is neither
number by such an organization for
. Private organizations cannot get
r number.
whether giving it is mandatory or
used.
Security card will be marked "NOT
als if you use the number to work.
ork, your Social Security card will
ON." If you show this card to an
w your U.S. immigration document

ome disabled, reach retirement age

ocialsecurity.gov