



**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: 6/25/2019

Michael Bauer  
Employee Signature

Michael Bauer  
Employee Name (Printed)

Witnessed by:

Dated: 6/25/2019

[Signature]  
Witness Signature

Robert Pickett  
Witness Name (Printed)

# TEST RESULTS RECORD

Test Reference Number MD-S6101 Name of Collector \_\_\_\_\_

## COMPANY INFORMATION

Company Name Corporate Management Group Phone 451-644-3819 Fax \_\_\_\_\_  
 Address Yoo Broadway Ave City St. Paul Park State/Province MN Zip/Postal Code 550

## DONOR INFORMATION

Last Name Bauer Employee I.D. \_\_\_\_\_  
 First Name Michael  
 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.

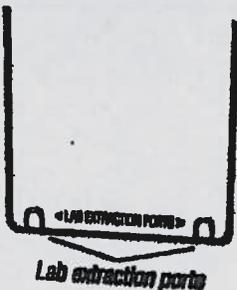
Donor signature: Michael Bauer Date/Time: 6/25/19 12:50 p.m.  
 I hereby certify that I collected the specimen provided by the aforementioned Donor and that it was not substituted or adulterated to the best of my knowledge.  
 Collector signature: [Signature] Date/Time: 6/25/19  
 Laboratory signature: \_\_\_\_\_ 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



Drug Name	Positive	Adulterated	Positive	Positive
<del>Alcohol</del>	<del>AS</del>	<del></del>	<del></del>	<del></del>
<del>Amphetamine</del>	<del>AMP</del>	<del></del>	<del></del>	<del></del>
<del>Cocaine</del>	<del>COC</del>	<del></del>	<del></del>	<del></del>
<del>Marijuana</del>	<del>THC</del>	<del></del>	<del></del>	<del></del>
<del>Methamphetamine</del>	<del>MET</del>	<del></del>	<del></del>	<del></del>
<del>Oxycodone</del>	<del>OXY</del>	<del></del>	<del></del>	<del></del>

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