



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

**Acknowledgement 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 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 Offices (MRO). I hereby consent to such test results and other information being disclosed to and discussed with an MRO.

Date: 11/26/18

Monica Huerta  
Employee Signature

Monica Huerta  
Employee Name (Printed)

Date: 11/26/2018

gmbland  
Witness Signature

Mani Anderson  
Witness Name (Printed)

# TEST RESULTS RECORD

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

## COMPANY INFORMATION

Company Name Corporate Management Group Phone 651-646-3883 Fax \_\_\_\_\_  
 Address 404 Broadway Ave. City St. Paul Park State/Province MN Zip/Postal Code 55091

## DONOR INFORMATION

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

## CERTIFICATION

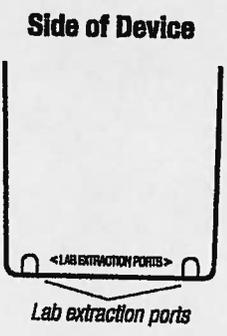
I hereby certify that the specimen provided is my own and has not been substituted or adulterated. I further agree and grant permission for the testing of my specimen for drug metabolites and alcohol.

Donor signature \_\_\_\_\_ 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.  
 Collector signature Monica Huerta Date / Time 11/26/18  
 Laboratory signature \_\_\_\_\_ Date / Time received 11/26/2018 9:45am

## 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.



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): Monica Huerta Date: 11/26/18

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): Monica Huerta Date: 11/26/18

Training Representative: gmbanule Date: 11/26/2018