

**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: 6/19/18

X Nasteho  
Employee Signature

Nasteho  
Employee Name (Printed)

Witnessed by:

Dated: 6/19/2018

Zhil Zepeda  
Witness Signature

Zhilghesun Zepeda  
Witness Name (Printed)

# TEST RESULTS RECORD

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

## COMPANY INFORMATION

Company Name Casper's Management Group Phone 651.644.3813 Fax \_\_\_\_\_  
 Address 700 Broadway Ave City St. Paul Park State/Province MN Zip/Postal Code 55127

## 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.

Nasteho \_\_\_\_\_ Date / Time 10/19/2018  
 Donor signature

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.

Scott J. Feb \_\_\_\_\_ Date / Time 4/15/2018  
 Collector signature

\_\_\_\_\_  
 Laboratory signature Date / Time received

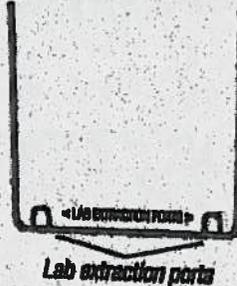
## TEST RESULTS

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	Quantified	Abuse Signs	Flawings	Flag for Test
<del>Amphetamine</del>	<del>AMP</del>	<del><input type="checkbox"/></del>	<del><input type="checkbox"/></del>	<del><input type="checkbox"/></del>
<del>Buprenorphine</del>	<del>BUP</del>	<del><input type="checkbox"/></del>	<del><input type="checkbox"/></del>	<del><input type="checkbox"/></del>
<del>Cocaine</del>	<del>COC</del>	<del><input type="checkbox"/></del>	<del><input type="checkbox"/></del>	<del><input type="checkbox"/></del>
<del>Marijuana</del>	<del>THC</del>	<del><input type="checkbox"/></del>	<del><input type="checkbox"/></del>	<del><input type="checkbox"/></del>
<del>Methamphetamine</del>	<del>MET</del>	<del><input type="checkbox"/></del>	<del><input type="checkbox"/></del>	<del><input type="checkbox"/></del>
<del>Oxycodone</del>	<del>OXY</del>	<del><input type="checkbox"/></del>	<del><input type="checkbox"/></del>	<del><input type="checkbox"/></del>

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