

**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:

9/11/2015

  
Employee Signature

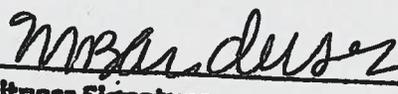
Ramlo Ali

Employee Name (Printed)

Witnessed by:

Dated:

9/11/2018

  
Witness Signature

Mari Anderson

Witness Name (Printed)

# TEST RESULTS RECORD

Test Reference Number MD-36101 Name of Collector \_\_\_\_\_

## COMPANY INFORMATION

Company Name Corporate Management Group Phone 651.644.3813 Fax \_\_\_\_\_  
 Address 700 Broadway Ave City St. Paul Park State/Province MN Zip/Postal Code 55108

## DONOR INFORMATION

Last Name Rando 4 H/C Employee I.D. \_\_\_\_\_  
 First Name Paul  
 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 9/11/2018

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 \_\_\_\_\_ Date / Time 9/11/2018 4:00pm

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.



Drug Name	Control	Sample	Positive	Subst.
Buprenorphine	BLP		<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	COQ		<input type="checkbox"/>	<input type="checkbox"/>
Marijuana	THC		<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine	MET		<input type="checkbox"/>	<input type="checkbox"/>
Oxycodone	OXY		<input type="checkbox"/>	<input type="checkbox"/>

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