

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

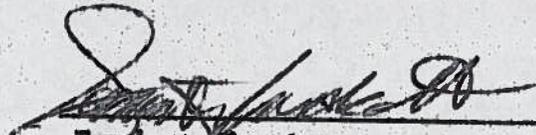
Acknowledgment Receipt

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.

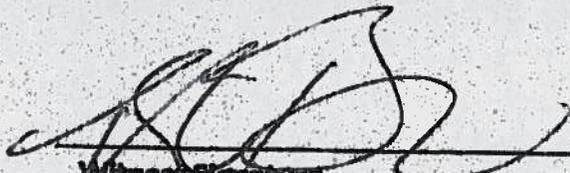
Dated: 6/12/18


Employee Signature

Samantha S. Walcott
Employee Name (Printed)

Witnessed by:

Dated: 6/12/18


Witness Signature

Taylor Bausness
Witness Name (Printed)

TEST RESULTS RECORD

Test Reference Number MD-96101 Name of Collector _____

COMPANY INFORMATION

Company Name Corporate Management Group Phone 651-644-3003 Fax _____
 Address 400 Broadway Ave City St. Paul Park State/Province MN Zip/Postal Code 55127

DONOR INFORMATION

Last Name Walcott Employee I.D. _____
 First Name Samantha
 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 6/12/18
 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 6/12/18
 Laboratory Signature _____ Date / Time received _____

TEST RESULTS

Date/Time Collected 6/12/18 @ 10:30 am
 Time Interpreted 10:35 am

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	Symbol	Metabolite	Metabolite	Metabolite
Amphetamine	AMP	□	□	□
Bupropion	BUP	□	□	□
Cocaine	COO	□	□	□
Marijuana	THC	□	□	□
Methamphetamine	MET	□	□	□
Oxycodone	ONY	□	□	□

Notes / Comments Negative