



**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 employer-employee 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: 8-15-18

[Signature]  
Employee Signature

Tyler Johnson  
Employee Name (Printed)

Witnessed by:

Dated: 08/15/18

[Signature]  
Witness Signature

Jeemi Campos  
Witness Name (Printed)

# TEST RESULTS RECORD

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

## COMPANY INFORMATION

Company Name Corporate Management Group Phone 651-666-3883 Fax \_\_\_\_\_  
 Address Yea Beachway Ave City St. Paul Park State/Province MN Zip/Postal Code \_\_\_\_\_

## 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.

Donor signature \_\_\_\_\_ Date / Time 8-15-18  
 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 08/15/18  
 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	Quoted	Flagged	Positive	Test
Bupropionine	BLP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	COB	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana	THC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine	MEP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxycodone	OXY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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