



**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: 8/24/15

James Walker  
Employee Signature

James k Walker  
Employee Name (Printed)

**Witnessed by:**

Dated: 8/24/15

Renee Burns  
Witness Signature

Renee Burns  
Witness Name (Printed)

# TEST RESULTS RECORD

Test Reference Number 80502-FV0 Name of Collector Renee Burn

## COMPANY INFORMATION

Company Name Corporate Management Group Phone (320) 281-5617 Fax (612) 395-5574  
 Address 245 Industrial Blvd City Sauk Rapids State/Province MN Zip/Postal Code 56379

## DONOR INFORMATION

Employee I.D. \_\_\_\_\_  
 X Last Name Walker X First Name Jama  
 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.

X Jama Walker X 08/24/2015  
 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.

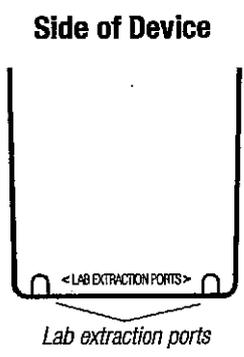
Renee Burn 3:30 8/24/15  
 Collector signature Date / Time

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

## TEST RESULTS

Date/Time Collected 3:30p  
 Time Interpreted 3:40pm

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	Symbol	Negative	Positive	Not Tested
<del>Marijuana</del>	<del>THC</del>	<del><input type="checkbox"/></del>	<del><input type="checkbox"/></del>	<del><input type="checkbox"/></del>
Amphetamine	AMP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<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>
Marijuana	THC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<del>Marijuana</del>	<del>THC</del>	<del><input type="checkbox"/></del>	<del><input type="checkbox"/></del>	<del><input type="checkbox"/></del>
Methamphetamine	MET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<del>Opiates</del>	<del>OPI</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>
<del>Oxycodone</del>	<del>OXY</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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