

**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: 06/21/18

[Signature]
Employee Signature

Vasut Barkhadle
Employee Name (Printed)

Witnessed by:

Dated: 6/21/18

[Signature]
Witness Signature

Taylor Bousness
Witness Name (Printed)

TEST RESULTS RECORD

Test Reference Number MD-56101 Name of Collector _____

COMPANY INFORMATION

Company Name Cosparco Management Group Phone 651.644.3813 Fax _____
 Address 709 Beaverway Ave City St. Paul Park State/Province MN Zip/Postal Code 5507

DONOR INFORMATION

Last Name Bovkhaelle Employee I.D. _____
 First Name Yusef
 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 Yusef 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.

Collector signature [Signature] Date / Time 6/21/18 @ 1:40pm

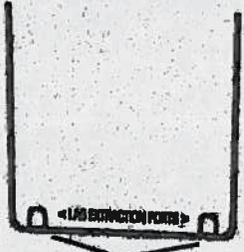
Laboratory signature _____ Date / Time received _____

TEST RESULTS

Date/Time Collected 6/21/18 @ 1:40pm
 Time Interpreted 1:45pm

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



Lab extraction ports

Drug Name	Abused	Metabolite	Placemae	Partic. Res.
Alcohol	ALC			
Barbiturates				
Buprenorphine	BUP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine				
Cocaine	COO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heroin				
Heroin	THO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana				
Marijuana	THC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mephedrone				
Mephedrone	MEF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxycodone				
Oxycodone	OXY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tramadol				
Valium				

Notes / Comments Negative