



**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.

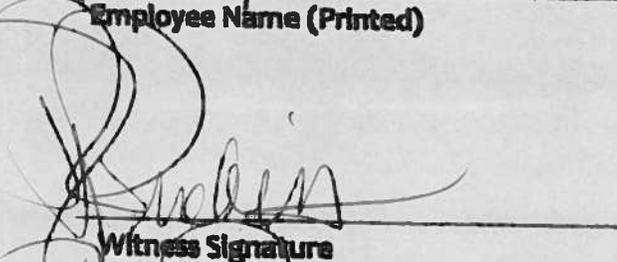
Dated: 12-05-2018


Employee Signature

Zakary Johnson
Employee Name (Printed)

Witnessed by:

Dated: 12/5/2018


Witness Signature

Rachel Pickett
Witness Name (Printed)

TEST RESULTS RECORD

Test Reference Number MD-56101 Name of Collector _____

COMPANY INFORMATION

Company Name Corporate Management Group Phone 651-466-3883 Fax _____
 Address 464 Broadway Ave. City St. Paul Park State/Province MN Zip/Postal Code 55091

DONOR INFORMATION

Last Name Johnson Employee I.D. _____
 First Name Zakary
 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 12-05-2018

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 12/5/2018

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



Cut out this panel to copy or scan results

Drug Name	Symbol	Negative	Positive	Not Tested
Alcohol	ALC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amphetamine	AMP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buprenorphine	BUP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzodiazepine	BZO	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	COC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EDDP	EDDP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana	THC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methadone	MTD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine	MET	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opiates	OPI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxycodone	OXY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phencyclidine	PCP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes / Comments _____

SuperMom's New Employee Training Quiz

Name (Print): Zakary Johnson Date: 12-05-2018

Language Spoken: English

10 questions (choose one answer per question)

- 1. Who is responsible for food safety & quality at SuperMom's?**
 - Supervisors
 - Everyone
- 2. Food and beverages may be stored in your locker:**
 - True
 - False
- 3. I must report to my Supervisor if I have:**
 - Diarrhea or Vomiting
 - Jaundice
 - Salmonella
 - Lesions with pus (boils or wounds)
 - All of the above.
- 4. Only clear nail polish can be worn in the production area.**
 - True
 - False
- 5. How long should you wash your hands for?**
 - 20 Seconds
 - 10 Seconds
 - 5 Seconds
 - I don't need to wash my hands
- 6. Hairnets are required at all times when they are in the production area. Beard nets are required for men with beards.**
 - True
 - False

7. Plain wedding bands are allowed to be worn in production areas.

True

~~False~~

8. All employees are required to wear slip-resistant shoes in production areas.

True

False

9. Smocks may be worn outdoors.

~~True~~

False

10. Everyone is required to have an identification badge.

~~True~~

False

By signing below you agree that you have been trained and understand the topics outlined in the training.

Employee (Signature): 

Date: 11-05-2018

Training Representative: _____

Date: _____