



**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.

X Dated: 25/09/18

X Juan Vazquez
Employee Signature

X Juan Vazquez Reyes
Employee Name (Printed)

Witnessed by:

Dated: 9/25/2018

Rachel Pickett
Witness Signature

Rachel Pickett
Witness Name (Printed)

TEST RESULTS RECORD

Test Reference Number MD-36101 Name of Collector _____

COMPANY INFORMATION

Company Name Corporate Management Group Phone 651-644-3889 Fax _____
 Address 700 Broadway Ave City St. Paul Park State/Province MN Zip/Postal Code 550

DONOR INFORMATION

Last Name Vazquez Employee I.D. _____
 First Name Juan
 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.

Juan Vazquez
 Donor signature

9/25/09/18
 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.

[Signature]
 Collector signature

9/25/2018
 Date / Time

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	Control	Sample	Positive	Final
Alcohol	ALC			
Buprenorphine	BUP			
Cocaine	COB			
Marijuana	THC			
Morphine	MOR			
Methamphetamine	MET			
Oxycodone	OXY			

Notes / Comments _____