



DRUG TESTING AUTHORIZATION & CONSENT FORM

Pre-Employment Drug and Alcohol Testing is required as a condition of employment with Amelie Construction & Supply, LLC.

I understand that after I report for work the company will be testing me for drugs and/ or alcohol under the company policy. I agree to provide a specimen for drug and/ or alcohol testing as provided for in that policy; a copy of which has been provided to me.

I understand that a positive test will disqualify me as an employee of the company even though I have started work.

At the present time, I am taking the following medication which has been prescribed to me by a licensed physician.

Applicant's Signature

Applicant's Name Printed

Date

DRUG SCREENING TEST FORM

Name: _____

SSN: _____

Date: _____

Required By:

- DOT
- Non-DOT
- Post Accident
- Random

I, _____ administered a portable drug urine test on the above
(Printed Name of Administering Person)

named person on _____.
(Date)

His/her results are: _____

Signature of the Person Administered to: _____

Signature of the Person Administering: _____

Job Number/Location: _____