DAYTONA EMPLOYMENT
THE RIGHT PERSONNEL

CONSENT TO EMPLOYEE DRUG AND/OR ALCOHOL TESTING

PLEASE READ BEFORE SIGNING

Please DO NOT proceed with the drug screen if there is any chance you may fail as the results become part of your permanent record.

I understand that submission to a Post-Accident Drug and/or Alcohol Screen is a condition of employment with this employer. I understand that, should my testing results be confirmed positive or I refuse to test, I will be subject to the company's disciplinary action, including possible discharge. I understand that a tampered with or an adulterated specimen will be considered a refusal to test, resulting in possible discharge.

I hereby give my consent to release the results of my blood and/or urinalysis to the person(s) or department(s) or the specified agent of my employer, including my employer's Workers' Compensation Insurance Company, for the purpose of determining the presence of alcohol and/or other drugs in my body for the duration of my employment.

I understand that if I am injured during the course of scope of my employment and I test positive for the presence of alcohol and/or drugs, I may forfeit my eligibility for medical and indemnity benefits under Florida's Worker's Compensation Law (Florida Statues 440.101, 440.102). I also understand that a refusal to test, a tampered with or an adulterated specimen under this circumstance may automatically result in forfeiture of my eligibility for medical and indemnity benefits and immediate disciplinary action, including possible discharge.

By signing this form, I hereby release to the Company the results of the test(s) to which I have consented. I further authorize the Company to discuss the results with personnel collecting the specimen, the testing facility, its directors, officers, agents, and employees responsible for administering the aforementioned test(s) or evaluating the results thereof and any of them herein. I also authorize the Company to discuss the result with its legal advisors and to use the test results as a defense to any legal action to which I am a party.

I further release any testing facility who have tested me from any liability arising from a release of any and all results and data concerning my test(s) to the appropriate officials.

Date: _____

Applicant Name: _____
(Please Print)

Social Security Number: _____

Date of Birth: _____
(Month/Day/Year)

Test administered by: _____

Results of Drug Screen: _____

Signature of Applicant: _____

Signature of Administrator: _____