

Please note the following information is for educational purposes only and does not constitute legal advice. Please consult with counsel prior to using this form as part of your screening process.

CONSENT AND RELEASE FOR EMPLOYMENT DRUG/ALCOHOL SCREENING

For the purposes of this consent and release, the term “employment” encompasses employment, contracting, and volunteer work.

As a condition of my employment at _____, I agree to submit to a urine drug test (also known as a urinalysis) and/or a breath alcohol test. The purpose of this test is to determine the use of controlled substances and/or alcohol in my body.

I understand that the results of this test, if confirmed positive, may make me ineligible for employment at _____, where allowed by law.

Further, I authorize my Employer’s Authorized Agents to release the results of this test, and any other related documentation, to Inflection Risk Solutions, LLC d/b/a GoodHire and to _____’s agents and employees with a need-to-know.

URINALYSIS ONLY (IF APPLICABLE):

For the sole purpose of this urinalysis, I authorize my Employer’s Authorized Agents to collect samples of my urine, and to use these samples or to forward these samples to a testing laboratory chosen by _____ for analysis. I also authorize these results to be reviewed by a Medical Review Officer (MRO).

I further understand that if I am taking prescription drugs approved by a medical physician, I am encouraged to furnish said prescription to an agent of the testing laboratory prior to the collection of my urine sample.

I have carefully read the foregoing, and I fully understand its contents. I agree that my signing of this Consent and Release for Employment Drug/Alcohol Screening is voluntary, and that I have not been coerced into signing this document. I agree that a reproduced copy of this Consent and Release for Employment Drug/Alcohol Screening shall have the same force and effect as the original.

Please note the following information is for educational purposes only and does not constitute legal advice. Please consult with counsel prior to using this form as part of your screening process.

Applicant Name

Applicant Email

Applicant Signature	Date
---------------------	------