

# Drug and Alcohol Screening Consent Form

**Date:** [Insert Date]

**Candidate Name:** [Insert Candidate Name]

**Position Applied For:** [Insert Job Title]

I, [Candidate Name], understand that as a condition of my application for employment with [Company Name], I am required to undergo a screening for the presence of controlled substances (drugs) and alcohol.

I hereby consent to the collection of blood, urine, breath, or hair samples by a designated medical facility or laboratory for the purpose of such testing. I authorize the testing facility to release the results of these tests to the Human Resources department of [Company Name].

I understand that:

- A positive test result, or the refusal to undergo testing, may result in the withdrawal of a conditional job offer or disqualification from the hiring process.
- The results of this test will be kept confidential and used only for employment-related decisions.
- I have the right to request a copy of the test results.

By signing below, I acknowledge that I have read and understood the terms of this consent form and voluntarily agree to the screening process.

---

Candidate Signature

---

Date

**Witness Signature (if applicable):**

---