

**2000 El Indio HWY**

**EAGLE PASS, TX 78852**

**EMPLOYEE ACKNOWLEDGEMENT AND CONSENT TO TESTING**

1. I, x\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ acknowledge receiving a copy of the Company’s Drug and Alcohol Policy. Date x\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
2. I voluntarily agree to provide a sample of my Urine for Testing and to submit to any related physical or other examination when I have been requested to do so.
3. I authorize the release of the Test Result (and any other relevant medical information) to the Company for its use evaluation and suitability for continued employment. I also release the Company from all liability arising out of or connected with the testing.
4. I understand that if I refuse to submit to the testing, to give a requested sample(s), to authorize release of the results to the company, and/or if the test results indicate that I do not meet the Company’s standards, I may be terminated.
5. I understand that any attempt to switch, adulterate or in any way tamper with the requested sample(s) or to otherwise manipulate the testing process will result in termination of employment. I also understand that if my test results are diluted on the second testing, I may be terminated.

I have read this entire policy and each of the above statements YES \_\_\_\_\_\_ NO \_\_\_\_\_

Signature and Date: x\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_