

Drug and Alcohol Consent Form

If you are offered and accept employment with Stonegate Protection in the interest of safety for the company, co-workers, clients, customers, and anyone else you may have contact with as a result of your employment with us, you may be required to submit to a urine test for drug and/or alcohol use.

I, _____, have been fully informed of the reason for the test for drug and/or alcohol, I understand what I am being tested for, the procedure involved, and do hereby freely give my consent. In addition, I understand that the results of this test will be forwarded to my potential employer, Stonegate Protection and will become part of my file.

If this test is positive, and for this reason I am not hired, I understand that I will be given the opportunity to explain the results of this test.

I hereby authorize the test results to be released to Stonegate Protection

Signature: _____ Date: _____

Witness: _____ Date: _____