

# **Substance Abuse & Testing Policy Acknowledgement/Release**

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I hereby consent to submit to urinalysis and/or other tests as shall be determined/required by Johnson Motor Sales, the "company", for the purpose of determining any drug and/or alcohol content thereof.

I agree that Western Wisconsin Medical Associates, S.C. (a certified lab) or other designated collection site may collect these specimens for these tests and may test them or forward them for analysis to a certified testing laboratory designated by the company.

I further agree to and hereby authorize the release of the results of said tests to an authorized medical review officer (MRO), the Company, or authorized agent of the Company.

I understand that it is the current, illegal use of drugs and/or abuse of alcohol that would prohibit me from being employed at this Company. Applicants for employment will be tested for the use of illegal drugs, whereas employees can be tested for the use of illegal drugs and alcohol.

I further agree to hold harmless the Company and its agents (including the above named laboratory and the collection site) from any liability arising in whole or part out of the collection of specimens, testing, and use of the information from said testing in connection with the Company's consideration of my employment, or my employment application if a candidate for employment.

I further agree a reproduced copy of this consent and release form shall have the same force and effect as the original.

I also hereby certify that I have received, read and understand the Substance Abuse Policy. I understand that if my performance indicates it is necessary, I will submit to a drug and/or alcohol test. I also understand that failure to comply with a drug and/or alcohol testing request or a confirmed positive result for the illegal use of drugs and/or alcohol will lead to discipline up to and including termination of employment.

I have carefully read the foregoing and fully understand its contents.

Applicant/Employee Printed Name: \_\_\_\_\_

Social Security \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_