

## **DRUG TEST CONSENT FORM for APPLICANTS**

I, a prospective employee of Network Staffing Resources, Inc. ("the Company"), understand that the use of drugs, alcohol, and other controlled substances by employees creates a dangerous work environment. In consideration for my desire for a safe work environment, I hereby give my consent for the Company to conduct the drug tests it considers necessary as outlined in its Drug Test policy. I understand that this drug test is a condition for employment. I hereby allow the Company to take the necessary specimens from me to test for any controlled substance, and I authorize the laboratory or medical personnel retained by the Company for these tests to release the results to the Company for whatever use the Company deems appropriate. Further, I release the laboratory or medical personnel conducting the drug test, the Company, and the Company's employees, directors, officers, and successors from any liabilities, claims, and causes of action, known or unknown, contingent or fixed, that may result from this drug test. I agree not to file any lawsuit or other action to assert a claim.

I have read and understood this agreement, and I sign this without any coercion or duress by any individual or institution.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date