

## Consent to Substance Testing

I, \_\_\_\_\_, an employee of First Assist, Inc. ("the Company"), acknowledge and expressly agree, as follows:

1. I have been given a copy of the Company's Drug and Alcohol Free Policy ("the Policy"). I have read the Policy, and I acknowledge that I have been given an opportunity to ask, and have my questions answered, about it, which is section 1.50 in the Field Employee Manual.

**2. I understand and expressly acknowledge all of my rights and obligations under the Policy. I further acknowledge that it is an express condition of my continued employment with the Company that I: (a) must sign this Consent to Substance Testing, and (b) if requested to do so, must promptly submit to alcohol and/or drug abuse test(s) in accordance with the Policy, I consent to such testing.**

**3. I HEREBY RELEASE FIRST ASSIST, INC., ITS EMPLOYEES, OFFICERS, DIRECTORS, AND SHAREHOLDERS, THE TESTING LABORATORY, AND THE INDIVIDUAL(S) ADMINISTERING SUCH TEST(S) FROM ANY LIABILITY WHATSOEVER ARISING FROM THE ADMINISTRATION OF TEST(S) AS PROVIDED IN THE POLICY, THIS ACKNOWLEDGMENT, INFORMED CONSENT, AND RELEASE OF LIABILITY AND/OR FROM ANY DECISION MADE CONCERNING MY EMPLOYMENT, BASED UPON THE RESULTS OF THE TESTS(S).**

4. I expressly agree that the results of any such test(s) may be reported to appropriate officials of the Company. I also expressly authorize First Assist, Inc. to share such information with any First Assist Inc. client at any time that I seek or maintain employment, assignment or placement with such client. I further acknowledge that if any of the test results are confirmed as positive, the Company may take appropriate action, including subjecting me to discipline, up to and including discharge.

**Please sign below to acknowledge receipt of this Notice.**

\_\_\_\_\_  
Signed By

\_\_\_\_\_  
Date

Employee Name (Please Print): \_\_\_\_\_