



P.R.I.S.M.®

Prevention, Retention, Investment and Safety Management

DRUG SCREEN AUTHORIZATION AND CONSENT

I hereby authorize and give my full consent to allow West Valley Staffing Group and/or their medical company physician to collect and send a specimen of my urine and/or blood to a laboratory for a screening test using S.A.M.H.S.A. standards to test for the presence of illegal drugs, alcohol, prescription medication taken without a prescription, and prescription or over-the-counter drugs which may impair my ability to safely and efficiently perform the functions of any position to which I am assigned. I also authorize and consent to the release of test results to appropriate management employees of WVSG as may be appropriate under WVSG's policies and procedures.

WVSG's drug and alcohol testing policy and this authorization and consent form have been explained to me in a language I understand. I have been told that if I have any questions about the test, I can ask such questions and they will be answered. I understand this is a legal and binding document. I also understand that West Valley Staffing Group is sending me for the examination and paying for it.

I understand that, consistent with West Valley Staffing Group's policies, West Valley Staffing Group may require a drug screen when an on-the-job accident or injury is reported, when I am reasonably suspected of being under the influence of drugs (as defined above in this document) or alcohol, or as otherwise described in West Valley Staffing Group's policies. My refusal to sign this consent form and submit to drug testing, or my refusal to sign any additional consent forms related to drug and alcohol testing as they may be requested by WVSG, will result in the rejection of my application for employment, or, if employed by WVSG, the termination of my employment. I also understand that I am free to revoke this authorization and consent and that, if and when I do so, I will be considered as having voluntarily resigned my employment with West Valley Staffing Group.

Signature: _____

Date: _____

Print Name: _____