

**AUTHORIZATION BY APPLICANT FOR
RELEASE OF DRUG TEST INFORMATION**

I _____ may be offered a position with A & J Employment Services (the "Company"). Maintaining employment is contingent upon there not being a positive test result on my drug test. I understand that the sample for drug testing will be collected at a collection site and then sent to a laboratory for testing. I agree to reimburse A & J Employment Services the drug test fee of \$22.00 if the test results are positive and in violation of the Company's Drug Free Workplace Policy. The fee may be deducted from my final paycheck.

I hereby authorize the clinic or laboratory selected by the Company to disclose all laboratory results and related information to the Company. The release of this information shall be for the purpose of evaluating my application for employment or reviewing eligibility for continued employment. The clinic and/or laboratory is only authorized to release the results and information to the Company.

I acknowledge that executing this authorization is voluntary and that I have the right to receive a copy of this authorization if I request one.

I understand that should I become injured on the job, A & J Employment Services reserves the right to drug and alcohol test at the time of injury or during treatment for injury.

Applicant's Signature

Date

Applicant's Printed Name