



**JOHNSON SERVICE GROUP**

**DRUG AND ALCOHOL TESTING AUTHORIZATION FORM (CA)**

*Acknowledgement and Consent & Release Form for CALIFORNIA Employees and Applicants Only*

I, \_\_\_\_\_, (applicant or employee name), as an employee/applicant of Johnson Service Group, Inc. (the "Company"), hereby acknowledge that I have received and read the Company's Drug-Free Workplace Policy and that the Drug-Free Workplace Policy requires me to be subject to drug and/or alcohol testing. Drug testing will occur by urinalysis unless a disability recognized under federal and/or state law necessitates that I be tested by an alternative method. Alcohol testing will include breath, saliva, or blood testing.

I further understand that the purpose of this analysis is to determine or rule out the presence of drugs and/or alcohol.

I hereby freely and voluntarily consent to this request for a drug and/or alcohol test, and agree to participate in the testing program.

I hereby and herewith release the Company, its employees, agents, and contractors from any and all liability whatsoever arising from this request for testing, from the actual testing procedures, and from decisions made concerning my application for or continuation of employment based on the results of the analysis.

I agree to cooperate in all aspects of the testing program and understand that refusal to participate in required testing may result in denial of employment or disciplinary action up to and including termination of employment.

I hereby authorize the release of my drug and/or alcohol test results to the testing contractor's Medical Review Officer (MRO) as provided by the Company's Policy.

**Acknowledgment of Receipt of Written Policy and Opportunity to Ask Questions**

I have read and understand this Drug and Alcohol Testing Authorization Form. I acknowledge that the Company has provided me with an opportunity to ask questions about its drug and alcohol testing program, as well as a copy of its written policy on drug and alcohol testing, and that all of my questions have been answered.

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Employee Printed Name

\_\_\_\_\_  
Witness Signature Date

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