



SUBSTANCE ABUSE TEST CONSENT FORM

Omni Business Solutions, Inc. policy is to employ a work force free from alcohol abuse or the use of illegal drugs. Any employee who violates this policy will be disciplined. This may include termination, even for a first offense. We strive to provide a safe and healthy work environment, free from the use of illegal drugs.

I, _____ pursuant to a request by my appointing authority or as a condition of employment with Omni Business Solutions, Inc., hereby give my consent to and authorize the testing laboratory designated by the Omni Business Solutions, Inc. randomly to perform analytical tests deemed necessary to determine the absence or the presence of alcohol and/or drugs in my urine, blood, or breathe as specified by statute and regulation of the US Department of Labor and US Department of Personnel Management.

I give my consent to release the results of the test(s) and other related medical information from the laboratory to individuals within any State of my employment who, pursuant to statute or regulation, have a need to know of the alcohol and drug testing results and to the use of all such reports or other medical information by the State in its assessment of my employment application and/or employment status. I understand the results of the test may not be used in any criminal proceeding.

I understand that:

The appointing authority may request proof that I am taking a controlled substance as directed pursuant to a lawful prescription issued in my name. If requested, I must provide such proof within 72 hours.

I have the right to request a re-test of the initial specimen at a licensed laboratory of my choice when I have a positive test for drugs. All requests for a re-test of the sample must be made within ten (5) working days of the receipt of the original positive test result. The results of the sample must be forwarded to me by the appointing authority of the agency.

A positive test for alcohol and/or drugs, or my refusal to authorize the test(s) by signing this form, taking the specified test(s) or producing a specimen, may result in the following action:

Applicants - rejection of my employment application for public safety related positions for one year or until I demonstrate I have successfully completed a substance abuse treatment program.

Employees - referral to an employee assistance program and/or disciplinary action up to and including termination in accordance with statute, regulation, and any applicable policy.

Applicant Signature

Date

Distribution: HR & C Level