

SUBSTANCE ABUSE POLICY

CONSENT FORM

I understand Shannon Staffing, Inc. believes that any employee under the influence of drugs / controlled substances and/or alcohol while performing work is likely to incur the risk of injury to himself/herself or others. I understand that to achieve its goal of a <u>drug- and alcohol-free work environment</u>, Shannon Staffing, Inc. has established for its employees a Substance Abuse Policy that includes:

- Pre-employment Screening Drug / substance testing required before start of job assignment
- New-Hire Screening Unannounced drug / substance screening done within first 90 days of employment for any employee in an active status
- Random Testing Unannounced drug / substance screening done by random selection
- Probable-Cause Searches Testing and/or investigation done due to observable evidence
- Work-Related Injury or Accident Drug / substance and alcohol screening required for any work-related injury
- Legislated Testing Drug / substance and alcohol required by State or Federal Law for specific lob assignments

I agree to submit to drug / substance and alcohol testing before and during employment, in accordance with the Substance Abuse Policy, and agree to accept responsibility for payment of testing if test results are positive for drugs / controlled substances or alcohol. I do hereby RELEASE all drug / substance and alcohol test results to Shannon Staffing, Inc. and I understand that the results may be used to make a decision about my employment status. I further understand that it may be necessary for my employer to provide my drug / substance test results for unemployment or worker's compensation to help determine my eligibility for benefits and hereby authorize and release my employer to do so.

I understand that if I fail any drug / substance or alcohol tests, if the results are inconclusive, or if I refuse to be tested for drugs / controlled substances or alcohol, my employment may be terminated immediately for cause and I may be disqualified from future employment in accordance with the Substance Abuse Policy.

I agree that I have received and have read the Substance Abuse Policy outlined in the Shannon Staffing, Inc. employee brochure.

SIGNATURE DATE