



## SUBSTANCE ABUSE POLICY

### ACKNOWLEDGEMENT AND 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 drug- and alcohol-free work environment, Shannon Staffing, Inc. has established for its employees a Substance Abuse Policy that includes:

- Pre-employment Screening** – Drug / substance testing required before the start of a job assignment
- New-Hire Screening** – Unannounced drug / substance screening done within the first 120 days of employment or a new assignment 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 or behavior
- Work-Related Injury or Accident** – Drug / substance and alcohol screening required for any work-related injury or accident
- Legislated Testing** – Drug / substance and alcohol screening required by local, state or federal law or regulation for specific job assignments
- Client-mandated Testing** – As a condition of employment or assignment (both before and during), a client may require that all workers in a certain role or performing certain duties be tested on a regular basis.

I agree to submit to drug / substance and alcohol testing before and during employment, in accordance with the Substance Abuse Policy, and I agree to accept responsibility for payment of testing if test results are positive for drugs / controlled substances or alcohol. I understand and agree that if there are *inconclusive or positive results* from in-office testing at Shannon Staffing that I will be sent to a 3<sup>rd</sup> party testing facility or healthcare provider for testing by *urinalysis, which could be subject to observed collection*.

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 (i) to a client where I am assigned in order to satisfy the client-mandated or legislated testing and (ii) for unemployment or worker’s compensation agencies to help determine my eligibility for benefits, and I hereby authorize and release my employer to do so.

I understand (i) if I fail any drug / substance or alcohol tests, (ii) if the results are inconclusive, or (iii) if I refuse to be tested for drugs / controlled substances or alcohol, that 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 handbook.**

---

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

---

PRINTED NAME \_\_\_\_\_