

# Substance Abuse Testing Consent

I understand that I may be offered a position with On Assignment<sup>1</sup> that requires pre-employment and periodic substance abuse testing due to the nature of the duties performed, and to specific requirements of clients of On Assignment. Periodic testing could include, but is not limited to, random, post-accident, scheduled or for-cause testing. I further understand that I may not begin/continue employment with On Assignment unless I pass (receive negative results) on a test for illegal drugs and/or alcohol (the Test) when such Test is required.

I agree to provide an appropriate sample as determined by On Assignment and/or its clients in accordance with the requirements of On Assignment policies, and to have such samples tested for evidence of drug and/or alcohol use. If the creatinine, specific gravity, nitrates, temperature or other parameters typically used to determine if a sample is representative of normal are outside the normal range, I may be required to return to the collection point for a witnessed collection. I understand that results of the Test may be disclosed to clients of On Assignment to whom I may be assigned as required by On Assignment to do business with the client. I understand that a full copy of the Drug and Alcohol policy is available in the local office.

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

I acknowledge, understand, and accept this Agreement/Statement.

Signature: \_\_\_\_\_

<sup>1</sup> "On Assignment" includes On Assignment Staffing Services, Inc., On Assignment, Inc. and/or its divisions and affiliated companies.