

CONSENT FORM FOR DRUG TESTING

I, the undersigned, understand that it is the policy of certain clients of Pro Tem Service to require that job candidates consent to testing in an independent laboratory to determine if the candidate has used drugs, alcohol, or other chemical intoxicants.

I hereby voluntarily consent to provide a specimen of my urine when requested in order to be tested for the use of drugs, and further, hereby release Pro Tem Service, its officers and agents, clients and the independent laboratory, from any and all liability and any claims of any nature whatsoever that may arise from or be related to the testing or the use of such test results. I further consent to provide the independent laboratory with the names of all medication I have been using at the time of the test.

I understand that I will not be eligible for assignment with certain clients if I refuse to proceed with the testing or if the result of my test is positive for any of the drugs tested.

I agree to have the result of such testing released to Pro Tem Service.

Signature

Name (Typed or Printed)

Street Address

State

Zip

Social Security #

Date

Witness