SOVEREIGN
COMMERCIAL SERVICES
Let's Work Together™

DRUG AND/OR ALCOHOL TESTING CONSENT FORM

Pre-employment or During course of employment.

EMPLOYEE AGREEMENT AND CONSENT TO DRUG AND/OR ALCOHOL TESTING

I hereby agree, upon a request made under the drug/alcohol testing policy of Sovereign Commercial Services, to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis. I understand and agree that if I at any time refuse to submit to a drug or alcohol test under company policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination or not be considered for any potential employment with the company. I understand the results of the testing center are valid and Sovereign Commercial Services accepted the finding of such centers. I agree that I can reapply for employment again after 90 days.

I further authorize and give full permission to have the Company and/or its company physician send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to Sovereign Commercial Services, Inc and/or to any governmental entity involved in a legal proceeding or investigation connected with the test. Finally, I authorize Sovereign Commercial Services, Inc to disclose any documentation relating to such test to any governmental entity involved in a legal proceeding or investigation connected with the test.

I understand that only duly-authorized Sovereign Commercial Services, Inc officers, employees, and agents will have access to information furnished or obtained in connection with the test; that they will maintain and protect the confidentiality of such information to the greatest extent possible; and that they will share such information only to the extent necessary to make employment decisions and to respond to inquiries or notices from government entities.

I will hold harmless Sovereign Commercial Services, Inc, its Sovereign Commercial Services, Inc physician, and any testing laboratory Sovereign Commercial Services, Inc might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of employment or any other kind of adverse job action that might arise as a result of the drug or alcohol test, even if a Sovereign Commercial Services, Inc or laboratory representative makes an error in the administration or analysis of the test or the reporting of the results. I will further hold harmless Sovereign Commercial Services, Inc, its Sovereign Commercial Services, Inc physician, and any testing laboratory Sovereign Commercial Services, Inc might use for any alleged harm to me that might result from the release or use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of this policy and the procedures as explained in the paragraph above.

This policy and authorization have been explained to me in a language I understand, and I have been told that if I have any questions about the test or the policy, they will be answered.

I UNDERSTAND THAT SOVEREIGN COMMERCIAL SERVICES, INC WILL REQUIRE A DRUG SCREEN TEST UNDER THIS POLICY WHENEVER I AM INVOLVED IN AN ON-THE-JOB ACCIDENT OR INJURY UNDER CIRCUMSTANCES THAT SUGGEST POSSIBLE INVOLVEMENT OR INFLUENCE OF DRUGS OR ALCOHOL IN THE ACCIDENT OR INJURY EVENT.

Remember, "involved in an on-the-job accident or injury" means not only the one who was injured, but also anyone who arguably or potentially contributed to the accident or injury event in any way, i.e., the person suspected of causing someone else to get hurt gets tested as well. Testing only accident or injury victims can, in the eyes of some, appear to be a way of discouraging workers from filing workers' compensation claims, and that in turn can have a very unfavorable effect on workers' compensation retaliatory discharge lawsuits.

_____ _____

Signature of Applicant / Employee Date

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Applicant – Employee Name - Printed

_____ _____

Sovereign Commercial Services, Inc Representative Date

Updated Jan 2019 **Testing Centers are associated with the panel of physicians or assigned by Sovereign. A list of the required centers and testing you will be required to take will be provided in a separate document or via phone from People/Culture Dept.**