

EAGLE CLEANING SERVICE DRUG AND ALCOHOL POLICY

EMPLOYEE ACKNOWLEDGMENT/CONSENT FORM

I hereby certify that I have reviewed a written copy of Eagle Cleaning Service 's (ECS) Drug and Alcohol Policy which is effective March 11, 2019. I understand that violation of said policy is cause for disciplinary action, up to and including termination, or disqualification of employment. I hereby give my voluntary consent for specimen(s) to be collected from me and submitted for drug and/or alcohol testing as a condition of my initial or continued employment. I understand that I will not be forced to submit to any alcohol or drug test, but my refusal to do so shall result in termination of employment or consideration for employment. I further consent to the release of said test results to ECS and ECS's own or designated Medical Review Officer. I understand that these results will be held in strict confidence. I understand that ECS has the right to conduct searches and inspections of any employee's personal effects, clothing, work area, and vehicle for the purpose of determining if such employee or other person is in possession, uses, transports, or conceals any prohibited items and/or substances. Searches, inspections, and substance use testing as may be required from time to time without prior announcement shall be conducted with concern for the personal privacy of each employee. I understand that consent and cooperation in these procedures is a condition of employment, and that refusal to consent may result in termination or disqualification from employment. I authorize the release of any test results to the company's workers' compensation insurer(s), the Alabama Unemployment Compensation Division, or any other government agency investigating my employment or termination. I understand that copies of this original shall have the same force and effect as the original.

I understand that neither this consent nor the Company's policy on drugs and alcohol constitutes an expressed or implied contract of employment and that neither this consent nor the policy limits my right or ECS's right to terminate employment at any time for any reason.

I understand and agree that as a condition of continued employed, employees must sign this consent form and comply with the policy.

I have read and understand this consent form and the company drug and alcohol policy and will abide by both as a condition of my employment.

EMPLOYEE NAME: _____

EMPLOYEE SIGNATURE: _____ DATE _____

WITNESS NAME: _____

WITNESS SIGNATURE: _____ DATE _____