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[Your Company's Logo or Letterhead]

Full Name: [Candidate's Full Name]

Date of Birth: [Candidate's Date of Birth]

Position Applied For: [Job Position]

Applicant Drug and Alcohol Test Consent Form

I, [Candidate's Full Name], provide my voluntary consent to undergo a drug and alcohol test as part of the employment process at [Your Company's Name]. I understand that this test is required to consider employment in the specified position.

I acknowledge and understand the following:

1. Purpose of Drug and Alcohol Testing: The purpose of the drug and alcohol test is to ensure a safe and drug-free workplace and to evaluate my ability to perform the essential functions of the position I have applied for. This test may include the analysis of urine, blood, breath, or other bodily substances to detect the presence of drugs or alcohol.
2. Testing Process and Methods: I understand that the drug and alcohol test will be conducted by an authorized laboratory or medical facility designated by [Your Company's Name]. The testing process may involve the collection of a urine, blood, or breath sample following established protocols. The samples will be analyzed for drugs, alcohol, or other substances as determined by the testing facility.
3. Confidentiality: I understand that all information about the drug and alcohol test results will be treated as confidential and only shared with authorized personnel involved in the employment decision-making process. This information will be handled following applicable privacy laws and regulations.
4. Release of Information: I authorize the release of the test results and any related medical information to the appropriate representatives of [Your Company's Name] for employment purposes only. This may include sharing the information with the Human Resources department, supervisors, and other individuals involved in the hiring process.
5. Voluntary Participation: I understand that undergoing the drug and alcohol test is voluntary, and I can withdraw my consent anytime. However, I acknowledge that declining the test may affect my eligibility for employment in the specified position.
6. Medical Recommendations: I understand that based on the test results, [Your Company's Name] may make employment decisions in accordance with its drug and alcohol policy. This may include denying employment if the test results indicate the presence of drugs or alcohol violating the policy.
7. Responsibility for Costs: I understand that any costs associated with the drug and alcohol test, including laboratory fees or consultations, are my responsibility and will not be reimbursed by [Your Company's Name].
8. Compliance with Policies: I understand that if employed, I must comply with [Your Company's Name]'s drug and alcohol policy throughout my employment.

I have had the opportunity to ask questions and have received satisfactory answers regarding the drug and alcohol testing process. By signing below, I indicate my voluntary consent to undergo the test.

Candidate's Signature: [Candidate's Signature]

Date: [Date]

Witness (Company Representative): [Company Representative]

Signature: [Signature ]

Date: [Date]