



CENTURION

MOVING AND STORAGE, LLC.

DRUG TESTING CONSENT

At-Will Employment

Nothing in this policy is to be construed as a guarantee regarding the terms and conditions of employment or as a guarantee of employment for any period time, including but not limited to the time that any employee or applicant is participating in the company drug and alcohol testing program or an employee assistance program. The company remains free to change wages and all other working conditions at any time in its sole discretion. In addition, the company and its employees may terminate their relationship at any time for any or no reason.

Applicant Drug Testing Consent Form

I, _____, an applicant for employment with Centurion Moving and Storage, llc. hereby authorize Centurion Moving and Storage, llc. to conduct a urine drug test. I hereby authorize the company to have access to the results of the test, and to use the results of the test in decisions relating to my employment. I authorize disclosure of the test results to those persons conducting the tests, to those persons within the company who have a need to know the results, and to the company's insurers.

DATE: _____

Applicant Signature

Applicant Printed Name

DATE: _____

Witness Signature

Witness Printed Name

Employee Drug and Alcohol Testing Consent Form

I, _____, an employee of Centurion Moving and Storage, hereby authorize Centurion Moving and Storage to conduct a urine drug and/or breath alcohol test. If I am hospitalized as a result of an accident on company property or in the company work environment, I authorize the hospital to conduct a drug and/or alcohol test using a urine sample, a breath sample, or a blood sample if the hospital obtains the blood sample for other tests. I hereby authorize the company to have access to the results of the test, and to use the results of the test in decisions relating to my employment. I authorize disclosure of the test results to those persons conducting the tests, to those persons within the company who have a need to know the results, and to the company's insurers.

DATE: _____

Employee Signature

Employee Printed Name

DATE: _____

Witness Signature

Witness Printed Name