



Wright Way Staffing

Drug Test Authorization and Permission Form

As an employee of The Wright Way Company and/or Wright Way Staffing ("the Company"), I understand that the use of drugs, alcohol, and other controlled substances in the workplace creates a safety concern for all employees. I understand that the use of drugs, alcohol, and other controlled substances is prohibited while I am employed by Wright Way, and I acknowledge that I may be required to submit to a drug screen test as part of the company's drug and alcohol abuse policy. Said drug test is a requirement of initial employment and/or part of the company's random drug testing procedures.

In the interest of creating a safe working environment, I hereby give my consent for the Company to conduct the drug and alcohol tests it considers necessary as outlined in its drug testing policy. Upon request, I consent freely and voluntarily to furnish a sample of my urine, breath, and/or blood for analysis a drug test under the circumstances described above along with all the terms and conditions of the drug and alcohol policy. I further understand that this analysis will be conducted by company management personnel/supervisors and a certified testing laboratory with all data to be held in confidence except as otherwise necessary to carry out the terms and objectives of this policy.

I understand that a positive drug test is a violation of this policy. I understand that a positive test will result in automatic mandatory termination of my employment. Additionally, a refusal to test, failure to submit adequate urine for test, or furnishing an adulterated sample, constitutes a positive test.

Name

Signature

Social Security Number