

Applicant's Consent to Drug/Alcohol Testing



DISCLOSURE AND RELEASE AUTHORIZATION

I understand that United Agencies, Inc. (herein: the "Company") is committed to providing a drug and alcohol free workplace and that the company tests all applicants who may receive job offers from the Company for drugs and alcohol at the Company's expense as a condition of employment and may conduct other drug and alcohol testing under circumstances as outlined in this notification.

In connection with my application for employment with the Company, I understand that any offer for employment will be conditional upon my taking and passing a post-offer/pre-employment drug and/or alcohol test. I further understand that if I pass such post-offer/pre-employment drug and/or alcohol test and become employed by the Company that I may be subject to subsequent drug and/or alcohol testing during my employment under the following circumstances as the Company may decide:

- 1. When a reasonable suspicion exists that I am under the influence of any illegal drug or alcohol in violation of the Company's Substance Abuse Policy. Reasonable suspicion means suspicion based on information regarding, among other things, the appearance, behavior, speech, attitude, mood and/or breath odor of any employee;
2. When I am found in possession of alcohol or illegal drugs in violation of the Company's Substance Abuse Policy, or when any of those items are found in any area controlled or used by me, such as a desk or locker;
3. After I have been referred by the Company for chemical dependency treatment or evaluation, or while I am or after I have participated in a chemical dependency treatment program under an employee benefit plan;
4. If I hold a sensitive position (according to Department of Defense regulations), or am involved in safety-sensitive functions or hazardous job sites, testing may include post-accident, random, reasonable suspicion, alcohol and drug screening; and
5. For any other reasons required by law.

I UNDERSTAND AND AGREE TO POST-OFFER/PRE-EMPLOYMENT TESTING AND POST-EMPLOYMENT TESTING WHICH MAY BE CONDUCTED TO DETERMINE THE PRESENCE OF ALCOHOL AND/OR DRUGS, INCLUDING, WITHOUT LIMITATION, MARIJUANA, COCAINE, OPIATES, PHENCYCLIDINE (PCP) AND AMPHETAMINES OR METABOLITE OF THOSE DRUGS IN MY SYSTEM UNDER THE NATIONAL INSTITUTE FOR DRUG ABUSE (NIDA) GUIDELINES. I VOLUNTARILY, KNOWINGLY AND UNCONDITIONALLY RELEASE ANY NAMED OR UNNAMED PARTIES, THE COMPANY, QUEST CLINICAL LABORATORY, LABORATORY CORP. OF AMERICA, AND/OR ENTITY OR PERSON REVIEWING THE TEST RESULTS, ANY MEDICAL REVIEW OFFICER INTERPRETING TEST RESULTS, AND INFOLINK SCREENING SERVICES, INC. FROM ANY AND ALL LIABILITY, ACTION, OR CLAIM WHICH MIGHT ARISE OR RESULT FROM THE TESTS FOR DRUGS AND/OR ALCOHOL, THE USE OF THE TEST RESULTS, OR THE DISCLOSURE OF THE TEST RESULTS. THIS AUTHORIZATION SHALL BE VALID FOR ONE YEAR FROM THE DATE SIGNED AND SHALL AUTOMATICALLY RENEW FOR SUCCESSIVE ONE YEAR TERMS AT EACH ANNIVERSARY DATE UNLESS WRITTEN NOTICE NOT TO RENEW IS PROVIDED BY ME TO THE COMPANY THIRTY DAYS PRIOR TO EACH ANNUAL ANNIVERSARY. A PHOTOGRAPHIC OR FAXED COPY OF THIS AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL.

I understand that InfoLink is a consumer reporting agency and it is InfoLink's policy to not be involved nor make hiring decisions or recommendations. InfoLink's privacy policy limits the information it provides to the Subscriber named herein, however I hereby authorize the Subscriber to share such information with parties in interest who have a "need to know" such information to protect them and their employees.

I agree that I may refuse to take the drug and/or alcohol tests, but that if I do so the Company and/or management staff of the Company may in its sole discretion deny me employment or terminate my employment immediately for such refusal. The Company and/or management staff of the Company also may in its sole discretion deny me employment or terminate my employment immediately if the confirmed results of any such tests are positive for drugs or alcohol (provided any timely confirmatory re-test obtained by me of the original sample in accordance with the Substance Abuse Policy does not contradict the original confirmatory positive test result).

I hereby agree to submit to such post-offer/pre-employment and post-hire drug and alcohol testing.

(Please print)

LAST NAME FIRST NAME MIDDLE NAME/INITIAL

HOME ADDRESS

CITY STATE ZIP

SOCIAL SECURITY NUMBER

(Please sign)

SIGNATURE TODAY'S DATE