

Michigan State University
PRE-EMPLOYMENT TESTING CONSENT

I understand that as required by the Federal Highway Administration's Alcohol and Controlled Substances Testing regulations, all driver-applicants of this University must be tested for alcohol and controlled substances as a pre-condition for employment (49 CFR, subtitle B, chapter III, part 382, paragraph 382.301).

I consent to the urine sample collection and testing for controlled substances and the evidential breath test for alcohol.

I understand that a positive test result for either test will render me unqualified to operate a commercial motor vehicle.

Olin Health Center will maintain the results of my tests. Negative and positive results will be reported to my department and positive results will be reported to Employee Relations. If the drug test is positive, the controlled substance will be identified. The University will notify me of the results of the controlled substance test if I request such results within 60 calendar days of being notified of the disposition of the employment application. The results will not be released to any other parties without my written authorization.

I understand the above conditions and hereby agree to comply with them.

_____	_____
Applicant's name - print	Date

_____	_____
Applicant's signature	Witness

I understand the above conditions and hereby decline to comply with them (which renders me unqualified to operate a commercial motor vehicle).

_____	_____
Applicant's name - print	Date

_____	_____
Applicant's signature	Witness

Distribution of copies:
original copy to Olin Health Center
1 copy to driver-applicant