



**CONTROLLED FORM
PRE-EMPLOYMENT DRUG TESTING CONSENT FORM
STATEMENT OF UNDERSTANDING**

Print Name: _____

I hereby agree to allow Southern Ohio Cleanup Company LLC (SOCCo) to collect urine samples from me for the sole purpose of detecting whether or not there is the illegal presence of drugs in my body. Further, I give my consent to the company's release and use of my urine samples and test results in the administration and enforcement of SOCCo's *Workplace Substance Abuse Program* and in any dispute that arises out of the Company's refusal to employ me. I understand SOCCo has a strict policy prohibiting employees from using drugs illegally.

I understand if the results of the drug testing of my urine are positive, I will be removed from further consideration for employment. I also understand if I refuse to consent to this drug testing, I will be removed from consideration for employment at this time.

I hereby consent to the administration of the drug detection urine test and to the terms and conditions of this consent agreement.

Applicant:

_____ /	_____
Print Name/Signature	Date Signed

Witness:

_____ /	_____
Print Name/Signature	Date Signed

I hereby refuse the drug detection urine test.

Applicant:

_____ /	_____
Print Name/Signature	Date Signed