

# Employment Substance Use Testing Agreement

This Employment Substance Use Testing Agreement ("Agreement") is entered into between:

**Employee Name:**

**Position/Title:**

**Date:**

and

**Employer:**

## Agreement

1. I understand that as a condition of my employment, I may be required to submit to substance use testing, including but not limited to tests for illegal drugs, alcohol, or any controlled substances.
2. I consent to such tests being conducted by the employer or any authorized third-party laboratory or testing agency.
3. I understand that refusal to submit to testing or failure of a substance use test may result in disciplinary action, up to and including termination of employment.
4. I understand that all testing will be conducted in accordance with applicable laws and company policy.
5. I acknowledge that I have had the opportunity to ask questions and have read and understood this agreement.

Employee Signature:

<input type="text"/>	<input type="text"/>
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Date:

Employer Representative Signature:

<input type="text"/>	<input type="text"/>
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Date: