
SUBSTANCE ABUSE POLICY

RECEIPT AND CONSENT FORM/ZERO TOLERANCE

I acknowledge that I have received a copy of the Company's Substance Abuse Policy ("Policy") on the date noted below. I acknowledge and agree that I am responsible for reading the Policy in full and complying with its requirements.

If I am an employee, I understand that I will be subject to drug and alcohol testing as described in the Policy. I understand that if I test positive or if I refuse to be tested I will be subject to termination in accordance with the terms of the Policy.

I understand that as a condition of being hired by Company I must submit to pre-employment drug testing. I understand that if I test positive or if I refuse to be tested I will be ineligible for employment and may reapply after one year. If I start work before the result of my drug test is completed, my employment will be contingent on a negative pre-employment test result. I also understand that if I am hired I will be subject to drug and alcohol testing as described above.

The TotalSource Drug Free Workplace Administrator will answer any questions I may have regarding the Policy. The Company will provide me with a toll-free number upon my request.

I also understand that by signing this form I am giving the Company my consent to submit to drug and alcohol testing under the terms and conditions described in this Policy. I authorize release of the testing results and evaluations to ADP TotalSource and the Company and understand that ADP TotalSource and the Company may use the results in any administrative proceeding where unemployment or workers compensation benefits are claimed by me. I release and hold harmless ADP TotalSource and the Company and their officers, agents and employees from any claim I may have against them resulting from my refusal to submit to a drug or alcohol test or from my submission to a drug or alcohol test.

This Policy is not a contract of employment. I understand that the Company may amend this Policy at its sole discretion.

Signature of Employee or Applicant: _____

(Print Name)

Last 4 Digits of Social Security Number: _____

Date: _____

Signature of Parent of Legal Guardian if a Minor: _____

(Print Name)

Company Name: **DW Tool Inc / QPI** _____

Company Pay Group: **NA** _____