USVI-Drug Free Workplace Alliance (DFWPA)

COMPANY: _____

Sample

Voluntary Consent Form for Drug and Alcohol Testing

I acknowledge receipt of the Notice of the U.S. Virgin Islands Drug Free Workplace Alliance and I have read it.

I authorize Pinnacle Services to collect specimen(s) from me for the purpose of pre-employment and/or employment drug and alcohol testing at times and locations determined by Pinnacle Services.

I understand that a negative drug and alcohol test is a condition of employment with my prospective employer and that testing is administered by Pinnacle Services. I understand that I must provide drug and alcohol test specimens as required once notified verbally or in writing, and that the test specimen collection process must be completed the same day for my consent to be valid.

I understand and agree that my drug and alcohol test must be negative or the following will take place:

1) I will no longer be considered for employment with my prospective employer if the test is for pre-employment purposes.
2) I may be sent home and may be disciplined under the established company rules if I am currently an employee.

I also understand that if I refuse to sign this consent form or refuse to provide a specimen as required (except for a valid medical explanation) the following will take place:

1) I will no longer be considered for employment with my prospective employer if the test is for pre-employment purposes.
2) It will be considered insubordination and I will be subject to disciplinary action up to and including termination.

The DFWPA Employers have established minimum testing standards for drugs and alcohol at their facilities and have designated Pinnacle LLC to conduct the testing and archive test results. Test results include drug and alcohol test results, and confirmation test results. The undersigned consents to the retention of the results by Pinnacle. I further consent to "Active" or "Green Light" for employment, or "InActive" or "Red Light" status/results to be provided to the Pinnacle Extranet system, any current or prospective employer and DFWPA employers.

I further agree to hold Pinnacle, my employer, any prospective employer, participating DFWPA owners, participating member job sites, Hovensa and their agents, directors, officers and employees harmless from any and all liability in connection with the testing for drugs and alcohol or both as well as the retention & distribution of the results as outlined above.

NamePrinted_____**Signature:** _____

Social Security _____**Signature of Witness:** _____

Date_____ **Time** _____**Results:** _____

List of Medication(s) you are taking

_____

_____

Pre-employment	Reasonable Suspicion
Random	Return to Work
Post Incident	