ATTACHMENT O

Use the Tab key to advance to the next field, shift-Tab to reverse the order.
(This field won't print.)

PRE-PLACEMENT DRUG TESTING POLICY

NOTICE TO CANDIDATES FOR EMPLOYMENT WITH THE COMPANY	
qualified, individuals to fill positions	o hire only the highest quality, most appropriately in our Company. As part of our hiring process, ug screening that is conducted by a medical facility. Any offer of employment that an applicant is contingent upon, among other things, ning.
After you have carefully read the following statement, please sign and date the notice and consent form to acknowledge your understanding of our process.	
PRE-EMPLOYMENT DRUG TESTING POLICY NOTICE AND CONSENT FORM	
By signing this form, I hereby consent to the drug test required by I understand that if I am hired by , I may be subjected to further drug testing in accordance with Company policy. I understand that if I test positive for the presence of a controlled substance, my conditional employment offer will be withdrawn, and I may not apply for employment with for at least months from the date of the withdrawal of the conditional offer of employment.	
The drug test will be conducted after I sign this notice and consent form. If I refuse to submit to the test or do anything to tamper with or dilute the test results, the Company will withdraw my conditional offer of employment.	
Date	Applicant's Signature
	Applicant's Printed Name