

**Aquatic Management Inc.**  
**Drug Free Work Place Employment Consent Form**

*Applicants please read and sign below.*

I understand, as required by Aquatic Management Inc. policies and procedures, all employees must submit to a drug and /or alcohol test(s). A urine specimen will be collected at a site selected by Aquatic Management Inc. and tested for drugs and /or alcohol by a third party administrator. The laboratory results of the drug test will be reviewed, reported, and maintained by the third party administrator selected by Aquatic Management Inc. If the drug test is negative, the third party administrator will report the test results to Aquatic Management Inc. I may be given an opportunity to discuss a positive laboratory test result with the Medical Review Officer (from the third party administrator) before the drug test are reported to Aquatic Management Inc. as a verified positive. I consent to the release of the test results to Aquatic Management Inc.'s designated representative on a need-to-know basis and to additional parties in accordance with my written authorization or as otherwise required by applicable federal or state law.

I also understand that I may be required to submit to additional drug and/or alcohol tests outlined in the company's policies and procedures manual.

I hereby agree to voluntarily submit to a drug and /or alcohol test and further understand that if said test(s) is verified/confirmed as a positive or if it is determined that there has been any interference with the collection or test process (including adulteration and/or switching specimens), I may be terminated from my position with Aquatic Management Inc.

Employment with Aquatic Management Inc. is conditioned on negative test results.

***If you have any questions, please discuss them with Aquatic Management Inc. prior to signing.***

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Required if applicant is less than 18 years of age:***

I am the parent/guardian of \_\_\_\_\_. I hereby consent to his/her participation in an employment drug and/or alcohol test as detailed above. I understand that test results will only be disclosed to the applicant.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_