

**CONSENT**  
**To Submit to Drug and/or Alcohol Testing**  
**As a Condition of Employment with**  
**CORE, LLC**  
**(its subsidiaries and affiliated companies hereinafter, "the Company")**

I, \_\_\_\_\_, hereby consent and agree to drug and/or alcohol testing as a condition of consideration for employment and/or continued employment by the Company. I further acknowledge that I have been informed of, and have agreed to comply with the Company's Drug, Alcohol & Contraband Policy.

I understand that information regarding the test results may be used as a grounds for adverse employment action, including denial of employment and/or termination of my employment with the company.

I further understand and acknowledge that:

The Company will pay the cost of all required drug and/or alcohol tests;

The test results will be released to the Company and may be used by the Company in determining any adverse employment action that may be taken against me.

If the laboratory results of my drug and/or alcohol test indicate a "positive" result, I will have an opportunity to discuss and rebut the result by consulting with a Medical Review Officer, and to request second confirmatory drug test on the sample, at my own expense; and that the Medical Review Officer will determine whether there is a legitimate medical explanation for and "positive" drug test and;

I have the right to refuse to submit to such testing; understanding, however, that my refusal to submit to, or to cooperate with such testing shall be considered a refusal to submit to testing subject to denial of employment or termination in accordance with the Company's Drug, Alcohol & Contraband Policy.

I agree that the Company has made no representations, inducements, or statements, other than those in writing, about the testing, and that I consent to be tested.

I hereby further certify that the Company has provided me with a copy of its Drug, Alcohol & Contraband Policy; that I have read and do understand that Policy; and that I agree to abide by the terms and conditions of the Policy.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant/Employee Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Applicant/Employee Printed Name

\_\_\_\_\_  
Witness Printed Name

\_\_\_\_\_  
Applicant/Employee Social Security No.