RIVER STAFFING SOLUTIONS, LLC

DRUG SCREEN AUTHORIZATION AND CONSENT FORM

Applicant Name: _____

Date of Birth: _____

Position Applied For: _____

Facility Assignment (if applicable): _____

CONSENT FOR DRUG SCREENING

As a condition of employment and/or continued assignment with River Staffing Solutions, LLC, I voluntarily consent to undergo drug and alcohol testing in accordance with company policy and client facility requirements.

I understand that testing may include:

• Pre-employment drug screening

• Random drug testing

• Reasonable suspicion testing

• Post-accident testing

• Return-to-duty testing

• Follow-up testing

I authorize the collection of urine, saliva, blood, hair, or other specimens as required by the testing facility and applicable regulations.

I authorize the testing laboratory and Medical Review Officer (MRO) to release test results to River Staffing Solutions, LLC for employment and credentialing purposes.

I understand that:

• Refusal to submit to testing may result in withdrawal of an employment offer or termination of employment.

• A positive test result may disqualify me from employment or assignment eligibility.

• All results will be maintained confidentially to the extent permitted by law.

I certify that I have read and understand this authorization and voluntarily consent to testing.

Applicant Signature: _____

Date: _____

Printed Name: _____

Agency Representative: _____

Date: _____

Testing Facility: _____

Specimen Collection Date: _____