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Eye to Eye Private Investigation & Research
Division of Private Investigation Services

DRUG TESTING CONSENT FORM

To be completed by applicant.
Please fill out the interactive form in Acrobat and print completed form OR
print form and fill form out manually (please print clearly).
Fax completed form, application and/or resume to 248.548.0055

I have applied for employment with _____ in a position that requires me to operate an automobile or truck. As a condition for my application being considered, I understand and agree to undergo substance screening. I understand that if my test results are positive, I shall not be considered further by your business for a car or truck driver position.

I hereby authorize any physician, laboratory, hospital or medical professional retained by your business for screening purposes to conduct such screening and to provide the results to your business, and I release your business and any person affiliated with your business and any such institution or person conducting the screening, from liability therefor.

Applicant's signature: _____

Applicant's name: _____

Date: _____