

Sunrise Centre, Inc.

EMPLOYEE CONSENT FORM

for

CONTROLLED SUBSTANCE and ILLEGAL DRUG TESTING

I hereby consent for SUNRISE CENTRE to collect blood, urine and/or saliva samples from me and to conduct any necessary tests to determine the presence and/or use of alcohol, drugs or controlled substances. I recognize that if I refuse such tests before employment, or if alcohol, drugs or any controlled substance is found during testing, that my application for employment will automatically be rejected. I further recognize that the absence of such substances does not require the SUNRISE CENTRE to hire me.

Employee's Name (please print)

Employee's Signature

Date

Witness

Date