



Drug and Alcohol Testing Consent Form

In order to protect the safety and welfare of both our Case Management & Consulting clients, Transcendent Case Management & Consulting, LLC requires completion of a drug testing consent as a condition of employment. Alcohol testing may be rendered at any time before or during employment, if management deems that such testing is needed to ensure the safety of the client and employee. If such, you will be notified in writing.

Independent Contractors:

You are responsible for the full costs of this services. You may be required to receive this service at pre-determined sites. Please make sure that you request that the records be released to:

Marilyn Ferrell, Owner
P.O. Box 200
Reynoldsburg, OH 43068

Any and all offers of employment is contingent on the drug testing.

Hourly Employees

You are responsible for paying for this service, which you may be required to receive at pre-determined sites; however, we will reimburse you for the full costs of this service.

Any and all offers of employment is contingent on the drug testing.

All Staff

The drug/alcohol is on the following pages. Please present this form at the time of your service.

Staff printed name: _____ Date: _____

Signature: _____ Last 4 of SSN: _____



Date: _____

Drug and/or Alcohol Consent Form

I hereby agree, upon a request made under the drug/alcohol testing policy of Transcendent Case Management & Consulting, LLC, to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis. I understand and agree that if I at any time refuse to submit to a drug or alcohol test under company policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination. I further authorize and give full permission: (1) to have the Transcendent send the specimen(s) collected to a laboratory, or (2) have the laboratory to send the results to Transcendent.

I understand that only duly-authorized Company officers, employees, and agents will have access to information furnished or obtained in connection with the test; that they will maintain and protect the confidentiality of such information to the greatest extent possible; and that they will share such information only to the extent necessary to make employment decisions and to respond to inquiries or notices from government entities.

I will hold harmless the Company, its company physician, and any testing laboratory the Company might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of employment or any other kind of adverse job action that might arise as a result of the drug or alcohol test. I will further hold harmless the Company, its company physician, and any testing laboratory the Company might use for any alleged harm to me that might result from the release or use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of this policy and the procedures as explained in the paragraph above.

I. Applicant Information (please type or print clearly):

Name: _____ SSN: _____
Last First Middle

Alias/Maiden: _____

Address: _____
City State Zip County

Previous Address if less than 10 years: _____

Date of Birth: _____ Sex: _____ Race: _____
MM/DD/YYYY

Driver's License or ID#: _____

II. Requestor Information

Company Name: Transcendent Case Management & Consulting, LLC

Name/Title of Requestor: Marilyn Ferrell, Owner

May receive forms electronically? Yes

Email: transcendentcmc@outlook.com PH: (317) 969-5504 Fax: (866) 826-8457

Requestor's Address:

Marilyn Ferrell
Name

P.O. Box 200
Address

Reynoldsburg OH 43068
City State Zip

Signature _____

Date: _____

For Drug Tester Use Only

Drugs tested for and results: _____

Alcohol Breathalyzer administered? _____ Results _____

Signature: _____ Date: _____