



AUTHORIZATION FOR DRUG TESTING

I understand that any offer of employment by ECT is conditional upon my submitting to and passing a drug test. I hereby consent to submitting to any such post-offer test, and I authorize the ECT-designated doctor(s)/clinic(s) to release the results of such test to ECT.

I will hold all parties concerned harmless. I will not sue nor hold ECT or their clients responsible for any alleged harm to me or for interfering with my obtaining a job or continuing employment for not submitting to the tests or as a result of the report from the tests. This includes possible clerical or laboratory error.

I understand that while employed by ECT I may be required to submit to a drug test whenever reasonable suspicion exists that I may be under the influence of drugs, alcohol or any other substance, and I hereby consent to submitting to such a test. Without limiting in any way the range of factors, events or situations that might constitute such reasonable suspicion, I understand and agree that my being involved in any workplace accident or injury that ECT cannot promptly and reasonably conclude was not in any way attributable to the use of alcohol, drugs or any illegal or controlled substance will constitute reasonable suspicion.

Print Name

Signature

Date