



## **CONSENT TO RELEASE AND TESTING REIMBURSEMENT**

I hereby acknowledge that it is the policy of GEOTEMPS that I submit to drug screening test(s).

I further understand that the purpose of this analysis is to determine or rule out the presence of non-prescribed or prohibited controlled substances. I hereby freely and voluntarily consent to this request and agree to participate in the testing program.

I hereby and herewith release GEOTEMPS, its employees, agents, client companies, and contractors from any and all liability whatsoever arising from this request for a sample and decision made concerning the application or continuation of employment based upon the results of the analysis.

I agree to cooperate in all aspects of the testing program. I further acknowledge that GEOTEMPS has provided me with an opportunity to ask questions related to its drug-testing program and all my inquiries have been answered.

I also agree to reimburse GEOTEMPS, Inc. in the form of payroll deductions or other acceptable forms of payment for any and all expenses incurred by GEOTEMPS relating to employment testing and training including but not limited to drug tests, physical exams, eye exams, MSHA training, and OSHA training in the event of any or all of the following:

- I fail or unsuccessfully complete any or all tests, exams or training as explained above.
- I do not complete the first 30 work days of my assignment except in the event the assignment is cancelled or shortened by GEOTEMPS or GEOTEMPS' client through no fault of my own.

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Print Name

\_\_\_\_\_


Date

\_\_\_\_\_

Applicant Signature

\_\_\_\_\_

Witness



**Please have someone  
witness your signature**

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*Note:* If you feel you are unable to complete or pass the tests/training or you are unable to fulfill the first 30 days of the assignment, please notify the GEOTEMPS Staffing Manager/Staffing Representative before these expenses are incurred.