



**APPLICANT CONSENT & AUTHORIZATION FOR RELEASE OF INFORMATION  
(Voluntary/Particular Client)**

In connection with the Drug-and-Alcohol Free Workplace Policy of any client of K&S Staffing Solutions, Inc. ("Client"), I voluntarily consent to have a sample of my urine, hair and/or blood collected for the purpose of drug and alcohol testing for Client. I understand that the sample will be collected and the test conducted at a certified laboratory chosen by K&S Staffing Solutions, Inc. or Client. I further understand that this test is required by Client, and that I am not obligated by K&S Staffing Solutions, Inc. to agree to this test.

I hereby authorize the results of the drug and alcohol test be released to K&S Staffing Solutions, Inc. by the laboratory(ies) chosen to perform the tests. I hereby release K&S Staffing Solutions, Inc. and hold it harmless for the test and the results therefrom.

I understand that if the result of the drug and alcohol test is positive, then a second test, at a different laboratory, may be conducted at my option. If that second test is also positive, or if I refuse to undergo testing, I understand that I will be removed from consideration for employment by K&S Staffing Solutions, Inc. for a period of one year.

I understand that once I am instructed to report to the laboratory chosen by K&S Staffing Solutions, Inc. for testing, that I must report for the test within 24 hours. I understand that failure to do so, without an adequate excuse, will result in my removal for consideration for employment for a period of one year.

**EMPLOYEE & APPLICANT CONSENT & AUTHORIZATION FOR RELEASE  
OF INFORMATION (Reasonable Suspicion and Post Accident)**

In connection with K&S Staffing Solutions, Inc. Drug-and-Alcohol Free Workplace Policy ("Policy"), I voluntarily consent to have a sample of my urine, hair and/or blood collected for the purpose of "reasonable suspicion" and post-accident drug and alcohol testing. I acknowledge that I have read and understand the definition of "reasonable suspicion" and "post-accident" contained in the Policy. I understand that the sample will be collected and the test conducted at a certified laboratory chosen by K&S Staffing Solutions, Inc...

I hereby authorize the results of the drug and alcohol test be released to K&S Staffing Solutions, Inc. by the laboratory(ies) chosen to perform the tests. I hereby release K&S Staffing Solutions, Inc. and hold it harmless for the test and the results therefrom.

I understand that if the result of the drug and alcohol test is positive, then a second test, at a different laboratory, may be conducted at my option. If that second test is also positive, or if I refuse to undergo testing, I understand that I will be removed from consideration for employment by K&S Staffing Solutions, Inc. for a period of one year.

I understand that once I am instructed to report to the laboratory chosen by K&S Staffing Solutions, Inc. for reasonable suspicion testing, that I must report for the test within 24 hours. I understand that failure to do so, without an adequate excuse, will result in my removal for consideration for employment for a period of one year. I also understand that K&S Staffing Solutions, Inc. will require a drug and alcohol test whenever an on the job accident or injury is reported in accordance with its policy and this authorization and consent. My refusal to submit to drug testing will be grounds for termination.

**ACKNOWLEDGEMENT**

I, \_\_\_\_\_, acknowledge that I have received a copy of K&S Staffing Solutions, Inc. Drug-And-Alcohol Free Workplace Policy ("Policy"). I understand that I am responsible for knowing and adhering to my job responsibilities set forth in the Policy during my employment with K&S Staffing Solutions, Inc. I also understand that the Policy is not a contract of employment and does not change my "at will" status with K&S Staffing Solutions, Inc.

I understand and agree to the terms of the Policy, and of this Consent and Release. I acknowledge that I have been given the opportunity to ask questions pertaining to the Policy, and to receive a copy of this signed Consent.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Last 4 of SSN #: XXX-XX-\_\_\_\_\_

K&S Manager Signature: \_\_\_\_\_

Date: \_\_\_\_\_