**LOVING HOME CARE OF GEORGIA, LLC**

***CONSENT FORM FOR DRUG TESTING***

I hereby consent to submit urinalysis and /or other testes as deemed appropriate by Loving Home Care of Georgia, LLC in the application process for employment, for the purpose of determining the drug content thereof.

I authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to collect the specimen for test, and, test the specimen for the use of illegal drugs and allow them to return the results to Loving Home Care of Georgia, LLC.

I understand that current use of illegal drugs prohibits me from being employed by Loving Home Care of Georgia, LLC.

I further agree to release Loving Home Care of Georgia, LLC from any liability arising out of the collection of specimens, and use of information from testing in connection with the employer’s consideration of my application for employment.

I also agree that a copy of this Consent Form will have the same effect as the original.

I have read and understand the above information regarding my pre-employment substance abuse test. I agree that my signing this Consent Form was totally voluntary and a company official did not coerce me into doing so.

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| **Applicant’s Name (Print)** |  | |
| **Applicant’s Signature** |  | |
| **Applicant’s SS#** |  | |
| **Witness Name** |  | |
| **Witness Signature/ Date** |  |  |