



Commercial, LLC

COATINGS - SEALANTS - VWC - EPOXY SYSTEMS

Employee Drug Screening Consent Form

I hereby acknowledge receipt of QC Commercial's Drug-Free Workplace Policy regarding drugs and alcohol. I have read and understand this policy. I understand that refusal to submit to any drug testing required by this policy or a positive test result is grounds for disciplinary action up to and including termination. I understand that if I test positive for drugs or alcohol following an on-the-job accident, I may be ineligible for workers' compensation benefits as dictated by North Carolina law.

I recognize that the Company's policy on drugs and alcohol does not constitute an expressed or implied contract of employment.

As a condition of continued employment, employees must sign the attached consent form and comply with the policy.

I have read and understand this policy and will abide by it as a condition of my employment.

Employee Name: _____

Social Security Number: _____

Employee Signature: _____ DATE: _____

Witness Signature: _____ DATE: _____