

Transportation Operation & Management, LLC
AUTHORIZATION AND ACKNOWLEDGEMENT OF DRUG TESTING

As a condition for consideration for employment with Transportation Operation & Management, LLC (TOM)

I, _____ voluntarily authorize any laboratory designated by TOM and/or their agent to conduct a test or tests for determining the presence of drugs or alcohol in my body systems.

I understand that if I become injured while working for TOM, I am required to submit to post accident drug and alcohol tests. If any such test result is positive for drug or alcohol, the company will contest any and all worker's compensation claims based on that injury and that I am subject to immediate job termination.

I consent to the release by the designated laboratory, the results of the drug and alcohol test or tests to TOM and subsidiary companies, any authorized client representatives to whom those companies are contractually obligated to disclose such test results and/or worker's compensation insurance carrier(s). I hereby release and forever discharge TOM and all subsidiaries of and from, any and all lawsuits, proceedings, claims or causes of action whatsoever and of whatever nature arising from the test or tests and from any act or omission of Transportation Operation & Management, LLC and subsidiaries, based on the results of the testing.

I understand the meaning of this release and consent form, and I have had the opportunity to raise any questions about it before signing it. My signature below is completely voluntary, without coercion or duress of any kind.

Employee Signature

Date

Witness Signature