



GLOBAL PACKAGING, INC.

**Applicant Drug/Alcohol Testing Consent Form**

I understand that submission to a drug/alcohol test is a condition of employment with Global Packaging, Inc. **I understand that if offered a position, I am required to take the drug test within 24 hours of accepting the job offer.**

I consent to provide a urine, or other, specimen for drug/alcohol testing and/or breathalyzer for alcohol testing, as requested by Global Packaging, Inc. and I hereby consent to the release of the results to the Company.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Employee Name Printed

\_\_\_\_\_  
Employee Social Security Number

I understand that submission to an applicant assessment is a condition of employment with Global Packaging, Inc. I consent to participate in the assessment, as requested by Global Packaging, Inc. and I consent to the release of the results to the Company.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Employee Name Printed

\_\_\_\_\_  
Employee Social Security Number