



**CONTROLLED FORM
PRE-EMPLOYMENT DRUG TESTING CONSENT FORM
STATEMENT OF UNDERSTANDING**

Print Name: _____

I hereby agree to allow Fluor-BWXT Portsmouth LLC (FBP) to collect urine samples from me for the sole purpose of detecting whether or not there is the illegal presence of drugs in my body. Further, I give my consent to the company's release and use of my urine samples and test results in the administration and enforcement of FBP's *Workplace Substance Abuse Program* and in any dispute that arises out of the Company's refusal to employ me. I understand FBP has a strict policy prohibiting employees from using drugs illegally.

I understand if the results of the drug testing of my urine are positive, I will be removed from further consideration for employment. I also understand if I refuse to consent to this drug testing, I will be removed from consideration for employment at this time.

I hereby consent to the administration of the drug detection urine test and to the terms and conditions of this consent agreement.

Applicant:

/ _____
Print Name/Signature Date Signed

Witness:

/ _____
Print Name/Signature Date Signed

I hereby refuse the drug detection urine test.

Applicant:

/ _____
Print Name/Signature Date Signed