
Post-Employment Drug Testing Authorization

I, _____, give my consent to undergo a drug test as part of my employment with VERIZON so that I can be certified for access to Verizon customer or Vendor sensitive locations.

I understand the specimen will be collected at a collection facility in our Vendor network. I also understand the specimen will be tested for the following drugs: Amphetamines, Barbiturates, Benzodiazepines, Cocaine, Marijuana, Methadone, Methaqualone, Opiates, Phencyclidine and Propoxyphene.

I understand the results of my drug test will be disclosed to VERIZON'S Medical Review Officer, a designated VERIZON representative, and any other individual involved in the drug testing process.

I understand that if I fail or refuse to take a drug test or if I fail to comply with the required testing procedures or in some other way obstruct the testing or examination process, I may be subject to immediate disciplinary action, up to and including termination.

I understand, consistent with VERIZON's applicable drug-free workplace policy, that if I test positive for drugs, I may be referred to a recommended treatment program, and should I fail to participate in such a program, I may be subject to immediate disciplinary action, up to and including termination.

By signing this authorization, I fully understand all of the conditions in this release and authorize and consent to a drug test and the release of all records or documents relating to my drug test to VERIZON's representative, VERIZON'S Medical Review Officer, and any other individual involved in the drug testing process. I release VERIZON from all liability arising from such testing and/or the decisions made based on such testing. I agree that a facsimile transmitted copy of a signed copy of this drug testing authorization shall have the full force and effect as an original thereof.

Wet Signature Required

Date

Print Full Name (First, Middle, Last, Jr./Sr., etc.)

Last 4 of Social Security #*

Date of Birth**

Current Address (Street, Apt. #)

City, State, Zip Code

Contact Phone Number

Work Email Address

*Social Security number is requested only for identification purposes for the accurate retrieval of records and will be used in accordance with applicable law.

**Date of birth is being requested only for identification purposes for the accurate retrieval of records. Verizon is an Equal Opportunity Employer and does not discriminate in the terms or conditions of employment on the basis of age or any other protected basis.

