



*Purpose & Possibilities*

706 SW 7<sup>th</sup> Street  
PO Box 450  
Madison, SD 57042  
Phone: (605) 256-6628 - Fax: (605) 256-2060

## APPLICANT CONSENT FOR DRUG TESTING

I, \_\_\_\_\_ (applicant name), do hereby agree to submit to testing performed by Madison Regional Health, Madison, SD for detection of drugs. I give permission for test results to be released to Valiant Living.

I understand that failure to show for drug testing at scheduled appointment time will result in withdrawal of any offer of employment given. I understand that positive test results, refusal to be tested, or any attempt to affect the test results or test sample will result in withdrawal of my application for employment, withdrawal of provisional employment offer I have received from Valiant Living or termination of employment, depending on when results are received.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witnessed by

\_\_\_\_\_  
Date