



5571 ALLOY SOUTH • MISSOULA, MT 59808-8413 • (406) 721-9267 • FAX (406) 721-9394

Employee Consent Form

Drug and Alcohol Use & Possession Policy and Testing Program

I have been given a copy of the Riverside Companies' Controlled (Chemical) Substance Use and Possession Policy and the Program Summary Description. Additionally, I have received educational materials regarding Alcohol & Substance Use & Abuse. I understand the Companies' Controlled (Chemical) Substance Use and Possession Policy & Program and agree to abide by its terms. I also understand the consequences of my failure to comply.

Furthermore, I understand that my compliance with this policy and program is a condition of employment and continuing employment with the Companies. I voluntarily give my consent to submit to Controlled (Chemical) Substance and Alcohol Testing as described in this policy & program.

Date: _____/_____/_____

Print Name: _____

Signature: _____

Policy and Program Effective Date: 01/01/1999

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