



JOHNSON SERVICE GROUP

DRUG AND ALCOHOL TESTING AUTHORIZATION FORM (EXCLUDING CA)

Introduction to Drug and Alcohol Testing Program

As an applicant or employee of Johnson Service Group (the "Company"), I hereby acknowledge that the Company requires me to submit to drug testing as a condition of hire and/or continued employment with the Company. As an employee of the Company, I further acknowledge that the Company requires me to submit to alcohol testing as a condition of continued employment with the Company. If I am an applicant and the Company extends to me a conditional offer of employment, a drug test is required to the fullest extent allowable under applicable law. If I am or become an employee of the Company, drug and alcohol testing during my employment may be required for a number of reasons, as permitted by applicable law, including upon reasonable suspicion, as part of a fitness-for-duty exam, randomly, after an on-the-job injury, as a follow-up to rehabilitation, due to participation in an Employee Assistance Program, or for safety-sensitive positions.

Any drug or alcohol test that the Company requires will be at no cost to me. I understand that the purpose of drug testing is to determine the presence of any substance in my system that is illegal and/or prohibited under both federal and applicable state law ("illegal drugs"). I understand that the purpose of alcohol testing is to determine the concentration of alcohol in my system during work time. It is the policy of the Company to maintain a workplace that is free from the adverse effects of illegal drugs and alcohol abuse.

Request for Test Sample and Testing Procedures

I hereby knowingly and voluntarily consent to the Company's, the collection facility's, and the laboratory's (and their respective agents') request(s) for my body fluid and/or breath sample for analysis and agree to cooperate fully in all aspects of the Company's drug and alcohol testing program, consistent with applicable law. In carrying out the testing, procedures will be followed to ensure that the collection process is private and sanitary and that a chain of custody is established for all testing specimens.

Confidentiality of Test Results

I authorize the collection facility or laboratory (and their agents) to release any information regarding the results of any analysis of my body fluid and/or breath sample in accordance with the Company's applicable policy. My test results will be kept confidential and will not be disclosed to anyone but me unless I authorize disclosure of my test results in a signed writing or unless disclosure is required by applicable law.

Rights to Obtain Copy of, Contest, Explain, and/or Confirm Test Results

I understand that both negative and positive test results will be reported to the Company pursuant to the Company's applicable policy and that I may obtain a copy of my test results. I further understand that should there be a positive test result, I will be given the opportunity to contest and/or explain the result of the test, and a confirming test will be conducted. I acknowledge that a confirmed positive test result; refusal to submit to, or cooperate in the administration of, a test conducted on any basis permitted by applicable state law; adulteration or substitution of a test specimen; and/or tampering with test results all may be grounds for denying me employment with the Company or subjecting me to discipline, up to and including termination of my employment.

At-Will Nature of Any Employment

I understand that the Company's testing policy does not modify the at-will nature of any future or current employment I may obtain or have with the Company. This means that if I am hired or am a current employee, the Company may terminate my employment for any lawful reason or for no reason, at any time, with or without advance notice, in its sole discretion.

Duration of This Authorization

I understand that this authorization will remain valid, binding, and useable throughout any employment I have or may have with the Company, including whenever the Company may require that I submit to a drug or alcohol test in accordance with Company policy and applicable state law, unless and until I sign a more recent authorization provided by the Company or revoke this authorization in a signed, dated writing submitted to the Company.

Acknowledgment of Receipt of Written Policy and Opportunity to Ask Questions

I have read and understand this Drug and Alcohol Testing Authorization Form. I acknowledge that the Company has provided me with an opportunity to ask questions about its drug and alcohol testing program, as well as a copy of its written policy on drug and alcohol testing, and that all of my questions have been answered.

Employee Signature

Date

Employee Printed Name