



Notice to Prospective Employee of Drug Screening Policy Authorization and Release

I, _____, consent as part of my employment physical examination, to undergo drug analysis testing, as performed by Apollo Professional Solutions, Inc.'s (the Company) medical representative.

I understand that the purpose of such test is to determine the presence of any illegal or controlled drugs or narcotic substances within my body. I understand and agree that the results of this test are factor in the determination of any future employment, and test results which show the presence of a controlled substance or illegal drug may result in denial of employment.

I further consent to release the results of the drug analysis testing to those representatives involved in the employment process. In addition, I hereby consent to and acknowledge that I may be subject to other types of testing during the term of my employment, in accordance with the Company or Client Company policy.

Any such person who fails a drug test or refuses to submit to a drug test will be subject to disciplinary action at the Company's discretion, but not limited to job reassignment, warning, suspension, probation and immediate termination.

I agree to hold harmless Apollo Professional Solutions, Inc., it officers, representatives or clients from any and all claims as a result of this drug testing policy.

I have not be coerced or intimidated into signing this release and I sign on my own free will and volition.

Signature

Date

Witness

Date