

DRISCOLL FOODS

EMPLOYEE AGREEMENT AND CONSENT FORM FOR TESTING FOR ILLEGAL/UNAUTHORIZED DRUGS AND FOR ALCOHOL, RELEASE OF FINDINGS AND RELEASE OF LIABILITY

I, _____, hereby understand and agree that upon a request made to me pursuant to the Drug and Alcohol Policy of Driscoll Foods, I will submit to a drug and/or alcohol test(s) to be conducted by a designated Driscoll Foods testing provider for the purpose of drug testing and/or alcohol testing to confirm that there are no illegal or unauthorized drug(s) and/or no alcohol in my system (the "Drug/Alcohol Testing"). I understand and agree that should the presence of any illegal or unauthorized drug(s) or the presence of alcohol be detected in my system, my employment with Driscoll Foods will be subject to immediate termination.

I further understand and agree that if I at any time fail to cooperate with the Drug/Alcohol Testing procedures, I will be subject to immediate termination.

~~I further understand and agree that false response(s) and/or of misleading omission(s) by me in connection with the Drug/Alcohol Testing will subject me to immediate termination of my employment with Driscoll Foods.~~

I further understand and agree that if at any time I refuse to submit to the Drug/Alcohol Testing, I will be subject to immediate termination from employment by Driscoll Foods.

I further understand and agree to allowing the results of the Drug/Alcohol Testing performed by the designated Driscoll Foods testing provider to be reported to Driscoll Foods.

I further understand and agree to having the information as to whether I have passed or failed the Drug/Alcohol Testing to be communicated within Driscoll Foods to whatever extent Driscoll Foods deems appropriate.

I further authorize Driscoll Foods to disclose any documentation relating to the Drug/Alcohol Testing to any governmental entity involved in a legal proceeding or investigation related to the Drug/Alcohol Testing.

In consideration of Driscoll Foods' employment and/or continued employment of me, I hereby release Driscoll Foods and any and all of its parent companies, subsidiaries, affiliates, offices, divisions, officers, officials, departments, agents, representatives, personnel, directors, partners, attorneys, insurers and employees, personally and in their official capacities, and their predecessors, successors and assigns, and all persons acting by, through, under or in concert with any them, from any and all claims or liabilities arising from the Drug/Alcohol Testing or from the disclosure or use of its/their results pursuant to the Drug and Alcohol Policy of Driscoll Foods and/or pursuant to the law, including but not limited to claims and liabilities under any federal, state or local laws including but not limited to civil rights laws and/or laws regarding libel, slander, defamation and/or invasion of privacy.

I ACKNOWLEDGE THAT THIS EMPLOYEE AGREEMENT AND CONSENT FORM FOR TESTING FOR ILLEGAL/UNAUTHORIZED DRUGS AND FOR ALCOHOL, RELEASE OF FINDINGS AND RELEASE OF LIABILITY IS NOT A CONTRACT AND IS NOT INTENDED TO CREATE CONTRACTUAL OBLIGATIONS OF ANY KIND. I FURTHER ACKNOWLEDGE THAT EMPLOYMENT WITH DRISCOLL FOODS IS AT WILL, WHICH MEANS THAT DRISCOLL FOODS AND ITS EMPLOYEES HAVE THE ABSOLUTE RIGHT TO TERMINATE THE EMPLOYMENT RELATIONSHIP WITH OR WITHOUT CAUSE OR NOTICE.

MY SIGNATURE BELOW IS AN ACKNOWLEDGMENT THAT I HAVE READ THIS ENTIRE EMPLOYEE AGREEMENT AND CONSENT FORM FOR TESTING FOR ILLEGAL/UNAUTHORIZED DRUGS AND FOR ALCOHOL, RELEASE OF FINDINGS AND RELEASE OF LIABILITY, UNDERSTAND IT, AND SIGN IT VOLUNTARILY.

Employee Name: _____
(Print or Type)

Employee Signature: _____

Date: _____

Witness Name: _____
(Print or Type)

Witness Signature: _____

Date: _____

PLEASE KEEP A COPY OF THIS EMPLOYEE AGREEMENT AND CONSENT FORM FOR TESTING FOR ILLEGAL AND/OR UNAUTHORIZED DRUGS AND FOR ALCOHOL FOR YOUR RECORDS.

