

Drug & Alcohol Policy Receipt and Testing Authorization/Benefit Notice

Signing of this form authorizes Pine Bluffs Gravel, Inc. to test the undersigned in accordance with the policy, authorizes the laboratory, physicians, hospital, clinic or other qualified testing facility performing the test results to release the test results to Pine Bluffs Gravel at any time during the undersigned's current or future employment, and authorizes Pine Bluffs gravel, Inc. and testing facility to release such test results to insurance carriers, including Worker's Compensation or health insurance claims and for disciplinary and all-purpose contemplated by the policy.

This authorization shall remain valid for five (5) years from the date appearing below or, if later, until the conclusion of any worker's compensation or other legal proceedings initiated by the undersigned.

New employees will be on a probationary period for six months from the date of employment, at which time your job performance will be evaluated.

Following three months of full time employment (6 or more jobs per each two week pay period), the employee will be eligible for health insurance benefits. Following one year of full time employment, the employee will be eligible to enroll in the company 401K Plan, at the scheduled sign up date following the qualifying date.

The undersigned has the right to receive a true copy of this authorization.

NAME (PRINT) _____

SIGNATURE _____

DATE _____