



**M-B Companies, Inc.**  
Human Resources Dept.  
1615 Wisconsin Ave – Box 200  
New Holstein, WI 53061  
800 558-5800

**EMPLOYMENT FORMS**

## **Consent to Testing**

I hereby consent to and authorize pre-employment drug testing. I also consent to and authorize disclosure of test results to the M-B Companies, Inc. I understand that refusal to complete and sign the consent / authorization form, or the chain of custody form at the collection site, or refusal to provide the specimen for testing, such will constitute grounds for termination.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_