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**Drug Screening Protocol**

**Candidate Information:**

|  |  |
| --- | --- |
| Name: Click here to enter text. | DOB Click here to enter text. |
| Street Address Click here to enter text. | Phone Number Click here to enter text. |
| City/State/Zip: Click here to enter text. | Email: Click here to enter text. |

[x]  Urine Rapid Drug Screen 5 panel [ ]  Post-Accident

[ ]  Urine Rapid Drug Screen 10/11 panel [ ]  Reasonable Suspicion

[ ]  Urine Collection only Drug Screen 5 panel [ ]  Random NDOT

[ ]  Breathe Alcohol Test

**Occupational Health Services Available:** Please mark service requested.

**DER Information:** Send invoices and results to below contact information

|  |  |
| --- | --- |
| Company Name and Address:  | Ahern 855 Morris Street Fond du Lac, WI 54935 *This includes J.F. Ahern and Ahern Fire Protection* |
| HR Requesting Screening:  | Heather Holzman |
| Email Address:  | aherncareers@jfahern.com – General Inbox for resultshholzman@jfahern.com- For Questions |
| Phone Number:  | 920-913-6058 Direct Line; 920-907-5474 Fax |

**Clinic collection site & Candidate instructions: ESCREEN CLIENT ACCOUNT 721515-0**

|  |  |
| --- | --- |
| Clinic Name: |   |
| Address: |   |
| Phone Number:  |   |
| Special Instructions:  See Drug Testing Clinic list | [x]  Bring Authorization form to clinic[x]  Candidate states he/she is with Ahern[x]  Present current photo ID (i.e. driver’s license) to clinic  |