## PHD Manufacturing, Inc.

44018 Columbiana-Waterford Road Columbiana, Ohio 44408-9481 Phone: (800) 321-2736 • (330) 482-9256 Fax: (330) 482-2763

## APPLICANT CONSENT AND RELEASE OF LIABILITY

I understand that, in accordance with the PHD Manufacturing, Inc. policy of providing and maintaining a safe and healthful working environment for all employees, I will voluntarily submit to a pre-employment physical examination, which includes a urine test to screen for substance abuse or chemical dependency. The results will be reported to PHD Manufacturing, Inc. If the test is confirmed as positive or if I attempted to manipulate the testing process by trying to adulterate, modify, or substitute a specimen, PHD will have the right to terminate the hiring process and/or withdraw any offer of employment that may have been made prior to the receipt of the report from the testing agency.

I also understand that this is not a diagnostic examination designed to detect hidden or latent disease, but is instead for the purpose of predicting job performance effectiveness and possible safety risks to the Company and to me that might arise as a result of such employment or continued employment. I understand and agree that neither the Company, its management, its examining physicians, or its medical or professional personnel shall be liable for injury or suffering experienced by me as a result of physical or mental infirmities, disease or conditions not detected during the course of the physical examination, or for failure to direct me to a specialist for treatment.

I hereby authorize the release of the results of the test to management of the Company and its designated medical or professional representatives. I release the Company, its employees, management, and its designated medical or professional representatives from any and all claims or causes of action resulting from this test, the release of the results of the test to such persons, and any decisions resulting therefrom.

I hereby authorize an investigation of my past employment, activities, and statements contained in this application, and release from all liability any persons, schools, companies, or corporations supplying such information. I hereby certify that all answers contained herein are true; and further, it is my understanding that any false statements made by me on this application, or any supplement thereto, shall be grounds for dismissal, should I be employed by PHD Manufacturing, Inc. I also understand that all applicants must meet physical requirements and pass a physical and drug test as a condition of employment.

Date	Applicant name printed	
Witness signature	Applicant signature	

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