

DRUG TESTING CONSENT

I have applied for employment with NAPA Auto Parts (hereinafter called "the company"). As a condition for my application being considered, I understand and agree to undergo substance pre-employment screening. I understand that if my test results are positive, I shall not be considered further by "the company" for employment. I further understand and agree that should I be hired, that as an employee of "the company" that I will be subject to random testing for controlled substances. I understand that if my random tests are positive, that I will be terminated for cause.

I hereby authorize any physician, laboratory, hospital or medical professional retained by "the company" for screening purposes to conduct such screening and to provide the results to NAPA Auto Parts. Further, I release "the company" and any person affiliated with "the company" and any such institution or person conducting the screening, from liability therefore.

Applicant's Printed Name: _____

Applicant's Signature: _____

Date: _____

DRIVING RECORD RELEASE

I, _____, do hereby authorize the Department of Administration, Division of Motor Vehicles, to release my driving record to: NAPA Auto Parts.

Signature: _____

Date: _____

Driver's License #: _____

SSN: _____

Date of Birth: _____