

PRE-EMPLOYMENT DRUG AND/OR ALCOHOL TESTING CONSENT FORM



Employee/and or Job Applicant: Please read this document carefully. This is an authorization by you to submit to alcohol and/or drug testing.

I acknowledge and, where applicable, consent to the following:

I voluntarily consent to be tested for evidence of the presence of alcohol or drugs in my body through the analysis of my urine and other any other method in the manner specified in the Drug Free Workplace Policy. I also consent to undergo a physical if required.

I consent to the release of the results of this test for drugs and/or alcohol to Tangipahoa Communications District #1 by any physician, laboratory, hospital, or medical facility. Therefore, I release Tangipahoa Communications District # 1 affiliated with Tangipahoa Communications District # 1, any institution and/or individual conducting the test from any liability.

I understand that this information will not be released to anyone outside of Tangipahoa Communications District # 1 and only those with a specific need to know will be provided this information.

I understand that only those job applicants who have been selected to fill job openings will be subjected drug testing.

I understand that employment is conditioned upon a negative drug test result.

I understand that applicants with positive drug test will not be considered for employment.

I understand that upon employment, if I am taking prescription medication that could affect my ability to perform my job (i.e., there are warning labels on the container), I must inform my Supervisor immediately.

I understand that upon employment if I refuse a reasonable suspicion, post injury, post-accident or post treatment drug or alcohol test I will be terminated, and my unemployment benefits and worker's compensation benefits may be denied.

I understand that I have the right to challenge any positive test result, at my expense and that I must notify the laboratory that I am challenging the test result. An employee will not be allowed to submit another specimen for testing. Tangipahoa Communications District # 1 does not pay the cost of challenging a positive test result.

With my signature below, I state that I have read, considered, and understand each item and, where applicable, consent to the above.

Applicant/Employee Signature

Date

Applicant/Employee Name (Printed)

Witness Signature