



**DRUG TEST CONSENT  
SAFETY SENSITIVE POSITIONS  
(This consent shall not be used for positions holding a CDL)**

The City requires all applicants who receive a conditional offer of employment for a safety sensitive position to successfully pass a drug test. By signing this form you consent to undergo a drug test and consent to the release of the results of that drug test to the City. Additionally, you acknowledge that the conditional offer of employment you received is contingent on the satisfactory completion of the drug test process.

In exchange for the City's consideration of your employment application and conditional job offer you agree not to file or pursue any complaints, claims, or legal actions against the City or any of its employees, representatives, agents, or authorized testing laboratories arising out of or related to any drug tests or the results of such tests.

You agree to submit to drug testing at a City approved facility within 24 hours of being sent for testing or as directed by Human Resources. Applicants shall be deemed ineligible for employment if they fail to report for a test in a timely manner; refuse to take a test; tamper with a test specimen; receive a positive test result; or fail to provide adequate specimen volume without a verified medical explanation.

Applicants who are deemed ineligible for employment under any of the above circumstances may be disqualified for future employment. Applicants notified of a verified test result for illegal drugs may, within 72 hours of notification and at their own expense, make a request to the City to have the confirmation specimen be tested.

Employees working in safety sensitive positions are subject to the City's Drug Free Workplace Policy which includes random drug and alcohol testing.

If you are a minor, you agree that the City can release test results to your parent(s) or legal guardian(s), upon their request.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Time: \_\_\_\_\_

**If under 18 years of age, your parent/guardian must consent to the test by signing and dating this form.**

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Receipt  
All S/S Applicants

Routing  
Personnel