

**INFORMED CONSENT FOR DRUGS AND/OR ALCOHOL TESTING
MONTGOMERY COUNTY**

This form must be completed and sent to the Human Resources Department.

I consent to this request for a urine or blood specimen or the use of other alcohol screening devices to perform a comprehensive test for drugs and/or alcohol pursuant to Montgomery County's Drug Free Workplace Policy, Section 3.2 of the Montgomery County Employee Policy Manual. I authorize the release of the results of these tests to the authorized Montgomery County officials and any authorized third parties. I understand that this analysis will be conducted under the direction of a laboratory approved by Montgomery County.

I understand refusal to consent to a drug or alcohol test may subject me to disciplinary action up to and including discharge, or if I am an applicant will result in termination of the hiring process.

I understand the initial drug screening shall be by the enzyme immunoassay techniques (EMIT) test. If this test yields a positive result, a gas chromatography/mass spectrometry (GC/MS) test will be made immediately thereafter using a portion of the same sample I provided for the first test. If the second test confirms the positive test results, I will be notified within five working days. I understand that an alcohol screening test, if given, shall be the EHOT (Ethyl Alcohol Test).

I understand any urine or blood specimen collected will be used only to test for drugs or alcohol and may not be used to conduct any other analysis or test unless otherwise authorized by law.

I acknowledge I have been notified of the Montgomery County policy and related administrative guidelines. Further, I understand that if the drug or alcohol test is confirmed to be positive as a staff member I am subject to disciplinary action up to and including discharge, and I shall not be assigned to perform a safety sensitive position. As an applicant, I understand that if the drug test is confirmed to be positive I will not be hired.

I further understand that I am responsible for paying half the cost of any post-offer, pre-employment drug testing.

() I do consent to a drug or alcohol test. () I do not consent to a drug or alcohol test.

Print Applicant/Employee Name

Applicant/Employee Signature

Date

Witness Signature

Date