



City of Hickory
Post Office Box 398
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CITY OF HICKORY DRUG AND/OR ALCOHOL SCREENING
COWORKER AUTHORIZATION AND CONSENT FORM

(IMPORTANT: Please read this notice before signing)

I hereby authorize the City of Hickory to obtain a sample of my urine and/or blood for the purpose of conducting a drug and/or alcohol screening test. I further authorize the testing laboratory to release the results of these tests to the City of Hickory.

I understand that:

1. Screening tests will be conducted to determine if I have been using illegal drugs, or if I am under the influence of drugs or alcohol on the job.
2. Refusal to consent to this test may result in termination of employment with the City of Hickory.
3. An initial positive drug test will be confirmed by a second test on the same sample.
4. A confirmed positive test will result in disciplinary action, up to and including dismissal.
5. I may discuss positive test results with the City Physician to determine if there are alternative explanations for the tests results.
6. Disciplinary actions following a positive result may be appealed through the City's Grievance Procedure.
7. Drug and/or alcohol counseling is available to City coworkers through the Employee Assistance Program.

Signature of Coworker _____

Date _____

Witness _____

Date _____

Coworker refused to sign (Witness should sign above and initial here) _____

THE CITY OF HICKORY IS COMMITTED TO MAINTAINING A DRUG-FREE WORKPLACE