



CITY OF HICKORY
DRUG AND/OR ALCOHOL SCREENING
APPLICANT 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 breath 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 by an approved laboratory and will be used to determine the presence of illegal/unauthorized drugs or alcohol.
2. Refusal to consent to this test may result in not being hired by the City of Hickory.
3. An initial positive drug test will be confirmed by a second test on the same sample.
4. If the laboratory reports a confirmed positive test, I may request a retest of the same sample by the same laboratory or another approved laboratory; this request must be made in writing and the retest will be done at my expense.
5. I may discuss positive test results with the City Physician to determine if there are alternative explanations for the tests results.
6. A confirmed positive test will result in not being hired.

Signature of Applicant _____ Date _____

Parent Signature if Applicant less than 18 years of age _____ Date _____

Witness _____ Date _____

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

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