

DRUG AND ALCOHOL TESTING PROGRAM CONSENT AND RELEASE FORM

Pursuant to my application for employment with the City of Dover, I consent to take a drug test as part of the City's drug free workplace policy.

I understand that the collection, testing and reporting of my drug or alcohol test results will be done in accordance with standard chain of custody procedures.

I understand that in the event I do not work more than thirty (30) days with the City of Dover the cost of my pre-employment test will be deducted from my final paycheck. This provision does not apply in the event that I am involuntarily laid off.

I consent to the release of my test results received from Occupational Medicine Associates/Bonner General Hospital to management officials at the City of Dover and understand that those results will be held in confidence by all parties involved.

I understand that if I test positive for illegal drugs I will have an opportunity to discuss that result with the staff of Occupational Medicine Associates/Bonner General Hospital, in order to provide a reasonable explanation for my positive drug test.

I further understand that if my test remains positive for the presence of illegal drugs, I may not be offered employment with the City of Dover.

I understand the terms of the City of Dover drug testing policy.

Applicant's Name (Please Print)

Applicant's Home Phone Number

Applicant's Signature

Date