

CITY OF DARLINGTON

CONSENT, AUTHORIZATION, AND RELEASE OF LIABILITY FOR ALCOHOL/DRUG TESTING

I understand and agree that in accordance with City of Darlington's substance abuse policy. I voluntarily agree to undergo a drug test. I understand that, as a condition of employment, the City of Darlington's Substance Abuse Policy requires drug urine tests of applicants selected for employment and employees for the purpose of evaluating mental and physical suitability for employment in positions as specified in the City's Substance Abuse Policy.

I hereby give my permission for the Alcohol & Drug Abuse Testing Centers, Inc., and its agents, to obtain a urine and/or breath specimen from me now. I further give my voluntary permission for the City to take an alcohol or drug test anytime during my employment, including post-accident situations when an additional consent may be impractical or unobtainable. I also understand that this is not a diagnostic examination designed to detect hidden or latent diseases, but is instead for the purpose of predicting job performance effectiveness, regulatory compliance and possible safety risks to the City, and to me, which might arise as a result of such employment.

I understand that a positive test result will disqualify me from consideration for employment, or at a later time, may result in denial of workers' compensation claims or even my termination from employment. I fully understand and accept the condition that any false answers or willful omissions made by me will be sufficient grounds for my discharge, irrespective of when the false answers or omissions are discovered.

I understand and agree that neither the City of Darlington, Alcohol & Drug Abuse Testing Centers, Inc., the examining physicians, medical personnel or other staff shall be liable for injury or suffering experienced by me as a result of physical or mental infirmities, disease, or conditions not detected during the course of such testing or for failure to direct me to a specialist for treatment. I understand that all drug testing will be conducted at a DHHS certified laboratory or alcohol tests will be obtained by a trained Breath Alcohol Technician (BAT) using Evidentiary Breath Testing equipment approved by the National Highway Traffic Safety Administration. (NHTSA) I authorize the release of my test results to the Substance Abuse Policy Administrator of City of Darlington.

_____/_____/_____
Employee/Applicant (Print) Social Security No. Date of Birth

_____/_____/_____
Signature of Employee/Applicant Date

_____/_____/_____
Witness Signature Date

POLICE RECORD - Include Arrest of ANY kind and Traffic Violations

Charge	City/State	Disposition
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

FORMER EMPLOYERS - Last Three Employers, beginning with current

1. _____

Address: _____ City/State _____

Phone: _____ Supervisor: _____

Employed from _____ to _____ Duties: _____

Reason for Leaving: _____

2. _____

Address: _____ City/State _____

Phone: _____ Supervisor: _____

Employed from _____ to _____ Duties: _____

Reason for Leaving: _____

3. _____

Address: _____ City/State _____

Phone: _____ Supervisor: _____

Employed from _____ to _____ Duties: _____

Reason for Leaving: _____

REFERENCES - List Three (3) People. No Relatives OR Former Employers.

1. _____	Phone# _____	(C) _____
Address: _____	City/State _____	Occupation _____
2. _____	Phone# _____	(C) _____
Address: _____	City/State _____	Occupation _____
3. _____	Phone# _____	(C) _____
Address: _____	City/State _____	Occupation _____