

# GONZALES COUNTY EMERGENCY SERVICES #1

## PRE-EMPLOYMENT SUBSTANCE TESTING CONSENT & RELEASE FORM

I hereby certify that I have been given notice of the Gonzales County Emergency Service District #1's pre-employment substance testing policy; that I have been provided with access to a copy of the Gonzales County ESD1 Drug Free Workplace Policy Statement; and that I have read or waived my right to read it. I hereby freely and voluntarily consent to submit to urinalysis and/or other screening or tests as shall be determined by GCESD #1 in the selection process of final applicants for employment, for the purpose of determining the presence of, and content of, any or all the following substances:

Amphetamines	Methadone
Cannabinoids	Methaqualone
Cocaine	Barbiturates
Phencyclidine (PCP)	Benzodiazepines
Opiates	Propoxyphene

I agree that the employer representative, collection site, physician, or clinic may collect these specimens for screening or testing and may screen them or forward them to a testing laboratory designated by Gonzales County ESD1 for analysis.

I further agree to, and hereby authorize, the release of the result of said test to Gonzales County ESD#1 and to Gonzales County ESD #1 Medical Review Officer and its agent as provided in the Policy Statement. I further agree to release and hold harmless Gonzales County ESD #1 and its agents individually and collectively, including each person or business entity involved in the sample request, collecting, screening, testing, evaluation, and reporting; and for any decisions, adverse or otherwise, made concerning my application for employment based on the screening or test results. I understand that a negative screen or test is a pre-condition of employment with Gonzales County ESD #1 Drug-Free Workplace policy statement. I also understand that is not the purpose of this screen or test to identify any disability I may have and that pre-employment screening and testing activities are conducted in compliance with DOT requirements. I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

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Applicant's Signature

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Applicant's Printed Name

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Social Security Number

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Date

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Driver's License Number

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Employer Signature