



Alexander County

Administrative Offices • 621 Liledoun Road • Taylorsville, NC 28681 • 828-632-9332

Consent to Substance Abuse Screen

Pre-employment _____ Post-accident _____ Random _____

Name: _____
(PRINT) Last First Middle

Address: _____

Date of Birth: _____ Social Security Number: _____

I understand that a requirement for employment by Alexander County is the successful completion of drug and alcohol test from the applicant. I understand that these samples of my urine and the breath alcohol are tested for the presence of illegal drugs and other substances that might adversely affect job performance.

By my signature below, I hereby agree to provide a sample of my urine to be tested and agree to an alcohol test provided by the Occupational Health Center, a division of Catawba Valley Medical the to the Alexander County Health Department, Medical Review Officer, Occupational Health Center, and to the Alexander County Government Office listed below. I understand the results of this test will be used in evaluating me for employment or continued employment with Alexander County.

I hereby release Alexander County from any and all liability and claims incident to such sample taking, testing, and the use of the results. I understand that a Substance Abuse Policy is available to me at www.alexandercountync.gov or a hard copy will be provided to me at my request.

Applicant Signature

Date

Alexander County Government _____ Department

Department Head Signature: _____ / _____

(Date)

Report Test Results to: **Sandra Gregory** (828)-632-1132 (828)-632-0059

Name

Phone

Fax