

CITY OF LAREDO
DRUG AND ALCOHOL TEST
RELEASE OF AUTHORIZATION AND CONSENT FORM

(Please Print)

I, _____, Social Security No: _____, give my permission to the City of Laredo and the licensed testing facility it has selected, to conduct the tests required for drug and alcohol testing for reasons described in the City of Laredo Drug and Alcohol Policy.

I understand that if the first drug test is positive, the laboratory will conduct a second analysis on the same specimen to confirm the original result at my expense if requested. I am aware I have 72 hours to request that the laboratory analyze a second test on the same specimen commencing at the time I was notified of the original positive test result by the testing facility.

I understand that if the positive results of the tests are caused by a prescribed drug or controlled substance, as defined in this policy, for treatment of a current condition, the testing facility will verify the circumstances with the doctor before taking any actions affecting my future employment. I further understand that I will not be hired if I attempt any form of tampering with the specimen.

I understand that if the positive results of the tests are caused by drugs or alcohol that are not part of a currently prescribed medical treatment program by a physician licensed to practice medicine in the United States, I will be subject to termination, if currently employed, or I will not be hired by the City of Laredo.

I understand that if I refuse to participate in this drug and alcohol test and/or do not authorize the City and my personal physician to discuss any medications that I may be taking, I will be subject to termination or will not be offered employment. I also understand that if I do not report to the licensed testing facility on the day and time I am told to report I will not be hired by the City of Laredo; or if I am employed I will be subject to termination.

I further understand and agree to the release of the test results to the City of Laredo and that the results may be used as grounds for discipline up to and including termination.

I have read this form and had the City of Laredo Drug and Alcohol Policy, including the provisions for this and future tests, fully explained to me.

| | | | |
|--------------------|---------------|----------------------------|---------------|
| _____ Signature | _____ Date | _____ Witness Signature | _____ Date |
|--------------------|---------------|----------------------------|---------------|

___ Check and explain the ramifications of applicant/employee refuses to sign the form.
Witness to the refusal of signature needed below.

| | | | |
|------------------------------|---------------|----------------------------|---------------|
| _____ Applicant Signature | _____ Date | _____ Witness Signature | _____ Date |
|------------------------------|---------------|----------------------------|---------------|

Form DA3