



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CRIMINAL JUSTICE DRUG TEST APPLICANT CONSENT FORM

I, \_\_\_\_\_, understand that as part of the pre-employment process as required by the North Carolina Criminal Justice Education and Training Standards Commission, I must submit to an urinalysis drug screening.

I do hereby voluntarily consent to the sampling and submission for testing of my urine for the purpose of screening for the presence of illegal drugs. I understand that a negative result from this screening is a condition of employment.

I also understand that refusal to supply the necessary samples in a reasonable and timely manner or producing a confirmed positive test result for the presence of illegal drugs may result in my being denied certification as a criminal justice officer. I also understand that in the case of a refusal to submit to a drug test or a positive result, my name will be forwarded to the Criminal Justice Standards Division, which serves as the central agency for documentation of such results. I understand that a refusal to submit to a drug test or a confirmed positive test result indicating the presence of illegal drugs may bar me from securing employment as a criminal justice officer.

I authorize disclosure of the drug test results by and between the testing laboratory, Medical Review Officer, employing agency and the Criminal Justice Standards Division. I further authorize disclosure of this or any related information to include results of prior drug tests or refusals by the Criminal Justice Standards Division to the extent that such disclosure is made to a law enforcement agency or another law enforcement or criminal justice licensing or regulatory agency as needed or requested for certification, employment and other valid non-criminal purposes.

I understand that the results of the urinalysis will be available to me as soon as possible after receipt by the \_\_\_\_\_ (agency).

Signature of Applicant

Social Security Number

Signature of Human Resource Manager

Date

STATE OF NORTH CAROLINA
COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, a Notary Public in and for said County and State do hereby certify that \_\_\_\_\_ personally appeared before me this day and acknowledged the due execution of the foregoing instrument in writing for the purposes therein expressed.

WITNESS my hand and notarial seal, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. My Commission expires: \_\_\_\_\_.