



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DRUG TEST PROGRAM

CONSENT AND ACKNOWLEDGMENT FORM

FOR

CDL APPLICANT AND CDL RANDOM

As a CDL applicant for a position and/or a CDL employee of the North Carolina Department of Health and Human Services, I hereby consent to and acknowledge that I am scheduled to undergo a drug and/or alcohol test. The test will involve an analysis of a urine and/or breath sample which I will provide at a designated collection site. The purpose of the test will be to detect the presence of the following substances: marijuana/cannabinoids (THC), cocaine metabolites, opiates, phencyclidine (PCP), amphetamines/methamphetamines and/or alcohol. I acknowledge that the drug test results will be made available to the Human Resource Manager of the employing agency. I understand that a refusal to submit to a drug test or a confirmed positive test result will result in my conditional offer of employment being withdrawn and/or disciplinary action taken as outlined in the Departments Alcohol and Drug Free Workplace Policy.

Name of Applicant/Employee _____

Division/Facility/School _____

Applicant/Employee Social Security Number _____

Signature of Applicant/Employee

Date

Signature of Human Resources Manager

Date