



# CITY OF KINSTON Personnel Policy

Subject:  Alcohol and Substance Abuse/Drug Free Workplace Appendix A	Section: Employee Health Services		Review Responsibility: Director of Human Resources		
	Policy #: 1	Effective Date: 2/17/2017	Rev. #: 6	Revision Date: 2/15/2017	Page: 1 of 1
	Supersedes: 5/1/2004	Prepared By: Gloria Blake <i>Gloria Blake</i>		Approved By: Tony Sears <i>Tony Sears</i>	

## Appendix A

### Candidate/Employee Consent and Acknowledgement Form

#### Authorization

Under the authority of the City of Kinston's Alcohol and Substance Abuse/Drug Free Workplace policy, as a current employee or candidate for employment, you are requested to submit to a test(s) to determine the use of illegal drugs or marijuana. Current employees, selected for testing will also be tested for alcohol use. The specimen collection will be completed by the Employee Health Nurse or designated health care provider and will consist of urine and/or blood samples and/or breathalyzer for alcohol testing.

The results of the test(s) shall be used by the City to determine eligibility of employment or continuation of employment for current employees. Refusal to submit to the testing will result in revoked employment offer or termination. You may have a witness present during the signing of this authorization form.

By signing below you consent to the testing for alcohol/drugs/marijuana, and authorize the City's Employee Health Nurse to release the results of the test to the appropriate Supervisor, Department Head and Human Resources Director.

I acknowledge and understand the test(s) are to determine if I have been taking/using illegal drugs or marijuana and/or consumed alcohol and that a positive, invalid, canceled or adulterated test finding, absent of a valid medical/legal explanation, is a violation of City Policy and will be grounds for revoking my employment offer, or result in disciplinary action, up to and including termination of my employment.

I have read or had read to me the above statement and the referenced Alcohol and Substance Abuse/Drug Free Workplace policy and understand and agree to these terms and conditions.

\_\_\_\_\_  
Candidate/Employee Signature                      Date                      Social Security Number

\_\_\_\_\_  
Witness Signature                      Date

I refuse to agree to the testing of my breath and/or urine for drugs/marijuana/alcohol. I understand refusal may result in revocation/termination of my employment with the City. I have read or had read to me the above statement and the referenced Alcohol and Substance Abuse/Drug Free Workplace policy and understand those terms.

\_\_\_\_\_  
Candidate/Employee Signature                      Date                      Witness Signature                      Date

*(Office Use Only)*

Employee Name: \_\_\_\_\_ Dept/Div \_\_\_\_\_

\_\_\_ New Employee    \_\_\_ Random    \_\_\_ Post-Accident    \_\_\_ Reasonable Suspicion    \_\_\_ Other

