



CITY OF KINSTON

CANDIDATE SUBSTANCE ABUSE SCREENING CONSENT FORM

AUTHORIZATION AND ACKNOWLEDGMENT

For Minor Consent

I hereby authorize the city of Kinston Employee Health Nurse or its designated agency to obtain a urine specimen from _____ as requested by the City of Kinston for employment purposes. I understand the screening tests will be conducted to determine if illegal drugs or marijuana have been taken/used. I further authorize the City of Kinston Employee Health Nurse to release to the Human Resources Director, Division Head and Department Head the results of these tests. I understand these results will be kept confidential.

I understand these screening tests are to determine if the candidate has been taking/using any drugs or marijuana and that absence of a negative test and/or a positive, invalid, canceled or adulterated test finding, absent a valid medical/legal explanation, is a violation of City Policy and will disqualify me from consideration for employment with the City of Kinston. I have read or had read to me the above statement and understand and agree to these terms.

Candidate Signature: _____ Date: _____

Social Security Number: _____ Date of Birth: _____

IF UNDER 18 YEARS OF AGE, CONSENT MUST BE SIGNED BY THE

PARENT/LEGAL GUARDIAN OF THE CANDIDATE BELOW.

Parent/Legal Guardian Signature: _____ Date: _____

Witness Signature: _____ Date: _____