

**GONZALES COUNTY EMERGENCY SERVICE DISTRICT #1**

**PRE-EMPLOYMENT SUBSTANCE TESTING CONSENT & RELEASE FORM**

I hereby certify that I have been given notice of the Gonzales County Emergency Service District #1's pre-employment substance testing policy; that I have been provided with access to a copy of the Gonzales County EMS's Drug-Free Workplace Policy Statement; and that I have read or waived my right to read it. I hereby freely and voluntarily consent to submit to urinalysis and/or other screening or tests as shall be determined by GCESD #1 in the selection process of final applicants for employment, for the purpose of determining the presence of, and content of, any or all of the following substances:

- |                     |                 |
|---------------------|-----------------|
| Amphetamines        | Methadone       |
| Cannabinoids        | Methaqualone    |
| Cocaine             | Barbiturates    |
| Phencyclidine (PCP) | Benzodiazepines |
| Opiates             | Propoxyphene    |

I agree that the employer representative, collection site, physician, or clinic may collect these specimens for screening or testing and may screen them or forward them to a testing laboratory designated by Gonzales County ESD #1 for analysis.

I further agree to, and hereby authorize, the release of the results of said test to Gonzales County ESD #1 and to Gonzales County ESD #1 Medical Review Officer and its agents as provided in the Policy Statement. I further agree to release and hold harmless Gonzales County ESD #1 and its agents individually and collectively, including each person or business entity involved in the sample request, collecting, screening, testing, evaluation, and reporting; and for any decisions, adverse or otherwise, made concerning my application for employment based on the screening or test results. I understand that a negative screen or test is a pre-condition of employment with Gonzales County ESD #1 and that refusal to submit to screening or testing, or a positive screen or test result will result in the rejection of my application, or the rescinding of a conditional offer of employment as described in Gonzales County ESD #1 Drug-Free Workplace Policy Statement. I also understand that it is not the purpose of this screen or test to identify any disability I may have and that pre-employment screening and testing activities are conducted in compliance with DOT requirements. I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Witness