

**MCDOWELL COUNTY
DRUG SCREENING
THROUGH URINALYSIS
APPLICANT CONSENT FORM**

I, _____, understand that as part of the pre-employment process I am required to submit to a urinalysis drug screening. This is in accordance with the policy of McDowell County to maintain a workforce that is free of illegal drug abuse.

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 and/or an abusive level of prescribed medication. I understand that a positive result from this screening may be a condition of employment and may bar me from employment with McDowell County for a period of one year.

I authorize disclosure of the drug screen results by and between the testing laboratory, Medical Review Officer and the employing agency.

Name [print]

Signature

Social Security Number

Date