



OXFORD POLICE DEPARTMENT

CITY OF OXFORD

204 E. McClanahan St. P.O. Box 1186 Oxford, North Carolina 27565

PHONE (919) 693-3161 FAX (919) 693-7990

Drug Screening Through Urinalysis Applicant Consent Form

I, _____, understand that as part of the pre-employment process as required by the North Carolina Education and Training Standards Commission I must submit to a urinalysis drug screening.

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. I understand that a negative result from this screening is a condition of employment.

I understand that refusal to supply the necessary samples in a reasonable and timely manner or producing a positively confirmed test result for the presence of illegal drugs may result in my being denied certification as a criminal justice officer. I also understand that in the case of a refusal to submit to a drug screen or a positive result my name will be forwarded to the Criminal Justice Standards Division, which serves as the central agency for documentation of such results. I understand that a refusal to submit to a drug screen or a confirmed positive test result indicating the presence of illegal drugs may bar me from securing employment as a criminal justice officer.

I authorize disclosure of the drug screen results by and between the testing laboratory, Medical Review Officer, employing agency and the Criminal Justice Standards Division. I further authorize disclosure of this or any related information, to include results of prior drug screens or refusals, by the Criminal Justice Standards Division to the extent that such disclosure is made to a law enforcement agency or criminal justice licensing or regulatory agency as needed or requested for certification or employment and other valid non-criminal purposes.

I understand the results of the urinalysis will be available to me as soon as possible after receipt by the Oxford Police Department, Oxford, North Carolina.

Signature of Applicant

Social Security Number

STATE OF NORTH CAROLINA
COUNTY OF _____

I, _____, a Notary Public in and for said County and State do hereby certify that _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument in writing for the purposes therein expressed.

WITNESS my hand and notary seal, this the _____ day of _____, 20_____

My Commission Expires: _____

Notary Public