

**PRE-EMPLOYMENT DRUG TESTING CONSENT AND RELEASE FORM**

I hereby consent to urinalysis and/or other tests as shall be determined by Twin Cedars Youth & family Services, Inc. (TCYFS) in the selection process of applicants for employment, for the whole purpose of determining the drug content thereof.

I agree that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Name of Physician or Clinic)

may collect these specimens for these tests or forward them to a testing laboratory designated by TCYFS for analysis.

I further agree to and hereby authorize the release of the results of said tests to TCYFS.

I understand that it is the current use of illegal drugs that will prohibit me from being employed at TCYFS.

I further agree to hold harmless TCYFS and its agents (including the above named physician or clinic) from any liability arising in whole or in part out of the collection of specimens, testing and use of the information from said testing in connection with TCYFS’s consideration of my application for employment.

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 Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_