



PRE-EMPLOYMENT DRUG TESTING CONSENT AGREEMENT

(FORM #2)

I understand that it is the policy of the School Board of Brevard County that as a condition of employment, employees refrain from using drugs on and off the job.

In compliance with the requirements of the Florida Drug Free Work Place rules established by the Division of Workers' Compensation, I have been informed of the availability of the School Board of Brevard County's Drug Free Work Place General Policy, found in Board Policy 3124 Drug-Free Workplace and Administrative Procedures 3124 Drug-Free Workplace Technical Guide, and consent to all terms. By signing this agreement, I acknowledge that I understand my rights, duties, and obligations under this Drug Free Work Place Program.

I understand I am required to submit to a urine drug test and freely and voluntarily agree to submit to the urine sample collection and drug testing as part of my application for employment.

I understand that I must report to the designated collection site within 24 hours of receiving the authorization form. INITIAL _____

I understand that my refusal to submit to the drug test or failure to qualify according to the minimum standards established by the School Board of Brevard County will disqualify me from further consideration for employment.

I understand that the Medical Review Officer (MRO) utilized by the School Board of Brevard County will maintain the results of the drug test. All results, negative and positive, will be reported to the School Board of Brevard County by the Medical Review Officer.

Signed: _____
Signature of Applicant

Printed Name of Applicant

Social Security Number

Date: _____

Witness: _____

Revised June 2018

