

**DRUG SCREENING THROUGH URINALYSIS
APPLICANT CONSENT FORM**

I, _____, understand that as part of the pre-employment process as required by the North Carolina Criminal Justice Standards Commission and Company or Campus Police Program, 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 as a company police officer.

I also 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 a commission as a company or campus police 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 both to the Company Police Program and to the North Carolina 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 company police officer.

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

I understand that the results of the urinalysis will be available to me as soon as possible after receipt by the _____ agency.

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 notarial seal, this the ___ day of _____, 20__.

Notary Public

My Commission expires: _____