

**CITY OF HIBBING**  
**CITY EMPLOYEE AND APPLICANT\*\***  
**NOTIFICATION AND DRUG AND ALCOHOL SCREENING CONSENT FORM**

I acknowledge that I have received and understand the City's DOT Drug and Alcohol Testing Policy.

I agree to comply with the City's DOT Drug and Alcohol Testing Policy and understand failure to comply is grounds for disciplinary action, up to and including termination. As an applicant, I understand my conditional job offer will be withdrawn if I refuse to test or test positive for a controlled substance or cannabis.

I hereby consent to undergo controlled substance, alcohol and/or cannabis testing pursuant to said policy, and I authorize collection of a urine and/or breath sample from me for these purposes.

I understand that the procedure employed in this process will ensure the integrity of the sample and is designed to comply with medical and legal requirements.

I consent to the release of the drug, cannabis, and/or alcohol test results in accordance with the City's DOT Drug and Alcohol Testing Policy to the City's third-party administrator, and within the City on a need-to-know basis, and to additional parties in accordance with written authorization or as otherwise required by applicable or state law.

I further understand that the results of this testing may affect my employment status, as described in the policy as well as federal law updates, as applicable.

In the event of a post-accident test, the drug, cannabis, and/or alcohol test result(s) may also be provided to the workers' compensation insurance carrier.

I understand that if I am an applicant, the City will conduct a "full query" of the Federal Motor Carrier Safety Administration's Clearinghouse to determine whether a record exists for me. In addition, I understand that if I become or am an employee, the City will, at least once a year, conduct a limited query of the Clearinghouse to determine whether a record exists for me. Therefore, I hereby consent to the City conducting limited queries of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse for purposes of my candidacy and throughout the duration of my employment, as applicable.

I also understand that if the limited query conducted by the City indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to the City without first obtaining additional specific consent from me. I further understand that if I refuse to provide consent for the City to conduct a limited query of the Clearinghouse, the City must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol

program regulations.

*\*\* As an applicant I understand I will need to register with the FMCSA Clearinghouse to complete the registration process before I can respond to employer consent requests or access my driver record in the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse. Visit <https://clearinghouse.fmcsa.dot.gov/register> and click Go to login.gov.*

\_\_\_\_\_  
Signature of Applicant/Employee

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

### **Drug Screening Refusal of Consent**

I hereby **refuse** to submit to the drug, cannabis and alcohol testing process.

I have seen a copy of the City's DOT Drug and Alcohol Testing Policy and understand that, if I am an applicant, my refusal to submit to testing will subject me to withdrawal of the City's conditional offer of employment, and if I am an employee, my refusal to submit to testing will subject me to disciplinary proceedings including, but not limited to, employment discharge.

\_\_\_\_\_  
Signature of Applicant/Employee

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

If employee refuses to sign, indicate "Refused to sign".

### **DATA PRIVACY NOTICE**

The information collected pursuant to this policy is used to determine your eligibility for employment and the performance of certain safety sensitive functions. You are not required to provide information and submit to the tests, but your failure to do so will result in the City withdrawing a conditional job offer or you may be disciplined (up to and including discharge) from employment, whichever may apply. The results of the tests performed will be private data and will not be released to other employers, governmental agencies, or persons without the written consent of the employee tested, except as otherwise provided by regulation and law pursuant to a court order. Only those individuals with a necessity to perform their functions under this policy will have access to the test results.