

**CITY OF HIBBING
CITY EMPLOYEE AND APPLICANT
NOTIFICATION AND DRUG, ALCOHOL, AND CANNABIS
SCREENING CONSENT FORM
NON-COMMERCIAL DRIVERS (NON-DOT)**

I acknowledge that I have received and understand the City's Drug, Alcohol, and Cannabis-Free Workplace Policy for Non-Commercial Drivers (Non-DOT).

I agree to comply with the City's policy(s) regarding drug, cannabis and/or alcohol use 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 As an applicant, I understand my conditional job offer will be withdrawn if I refuse to test or test positive for a drug(s) as defined in the City's Drug, Alcohol, and Cannabis-Free Workplace Policy.

I hereby consent to undergo drug, cannabis, and/or alcohol testing pursuant to said policy, and I authorize collection of a urine 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 Drug, Alcohol, and Cannabis-Free Workplace Policy, 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.

Signature of Applicant/Employee

Signature of Witness

Date

Drug Screening
Refusal of Consent

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

I have seen a copy of the City's Drug, Alcohol, and Cannabis-Free Workplace 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.