

MAUI YOUTH AND FAMILY SERVICES

CONSENT TO TEST FOR ALCOHOL AND DRUGS

Employee and/or Job Applicant: **Please read this document carefully.** This is an authorization by you to submit to alcohol and/or drug testing.

I acknowledge, and where applicable, consent to the following:

1. I voluntarily consent to be tested for evidence of the presence of alcohol or drugs in my body through the analysis of my urine in the manner specified in the Drug-Free Workplace Policy.
2. I consent to the release by Clinical Laboratories of Hawaii, LLP of the results of this test for alcohol and drugs to the Chief Executive Officer or Director of Human Services.
3. I understand that this information will not be released to anyone outside of Maui Youth and Family Services and only those with a specific need to know will be provided this information.
4. I understand that only those job applicants who have been selected to fill job openings will be subject to drug testing.
5. I understand that employment is conditioned upon a negative drug test result.
6. I understand that upon employment, if I am taking medicine that could affect my ability to perform my job (i.e. there are warning labels on the container), I must inform my manager immediately.
7. I understand that upon employment, if I refuse a reasonable suspicion, post injury, post accident or post treatment drug or alcohol test, I will be terminated and my unemployment benefits, workers' compensation, and Temporary Disability Insurance (TDI) may be denied.
8. I understand that I have the right to challenge any positive test result and that I must notify the laboratory that I am challenging the test result. An employee will not be allowed to submit another specimen for testing.

DATED: _____

Applicant/Employee' Signature

Witness' Signature

Applicant/Employee (PRINT NAME)

Witness (PRINT NAME)