

Benewah County
DOT Drug Testing Program
Controlled Substance Testing Consent Form
(Employed Drivers)

As a condition of my continued employment as a driver of a commercial motor vehicle for Benewah County, I consent to take a drug and/or alcohol test as required by the terms of the County's Alcohol and Drug Policy.

I understand that if I test positive for illegal drugs or alcohol, I will be terminated from employment with the County or will be subject to the terms and conditions of the County's disciplinary section of the Alcohol and Drug Policy.

I further agree that if I am involved in an on-the-job accident (as defined by the terms of the County's Alcohol and Drug Policy) I authorize the release of relevant hospital reports, or other documentation, that would indicate whether there were any illegal drugs or alcohol in my system at the time of the accident.

I consent to the release of my drug and alcohol test results received by American Mobile Drug Testing, as the representative of the Medical Review Officer, to management officials at Benewah County and understand that those results will be held in confidence by them.

I acknowledge that as a current employee holding a CDL/CLP, my employer is required under federal law (49 CFR Part 382) to conduct queries of the FMCSA Drug & Alcohol Clearinghouse at the time of hire and at least annually thereafter. I understand that my consent allows the employer to conduct limited queries as required and, when necessary, full queries with my specific electronic consent in the Clearinghouse system.

I have received, read, and understand the terms of Benewah County's Alcohol and Drug Policy, and agree to abide by those terms.

Driver's Name (Print)

Driver's Signature

Date