

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

As a part of my application for employment as a driver of a commercial motor vehicle for Benewah County, I consent to a drug test as required by federal regulations.

I understand that if I test positive for illegal drugs I will not be offered employment.

I understand that the collection, testing and reporting of my specimen will be done in accordance with DOT regulations relating to the testing of controlled substances. If I am taking any prescription medication at the time of my drug test, I will be afforded an opportunity to discuss that with an MRO if my test comes back positive for illegal drugs.

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

I understand that as part of the hiring process for a safety-sensitive position requiring a CDL/CLP, my employer is required under 49 CFR Part 382 to conduct a full query of the FMCSA Drug & Alcohol Clearinghouse. I acknowledge that I must provide electronic consent in the Clearinghouse system before this query can be completed, and that failure to do so will disqualify me from consideration for this position.

I further consent to Benewah County contacting those employers for whom I have worked as a commercial vehicle operator for the past two (2) years for the purpose of the County verifying from those employers whether I have tested positive for illegal drugs or alcohol, or have refused to test when requested to do so. If the County receives information from such a past employer that I have tested positive for drugs or alcohol within the last year, I will not be offered employment, or my conditional employment will be terminated with the County. I consent to the release of that information by those employers for whom I have worked during the past two (2) years as a commercial driver.

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

Applicant's Name (Print)

Applicant's Signature

Date