

**Benewah County  
Safety Sensitive Employees  
Controlled Substance Testing Consent Form  
(Pre-Employment)**

As a part of my application for employment with Benewah County, I consent to a drug test.

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 applicable 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 a Medical Review Officer 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 if I am employed by Benewah County, I may also be subject to drug and/or alcohol testing during my employment, including but not limited to random testing, post-accident testing, or testing based on reasonable suspicion. A positive test result or refusal to test under these circumstances may result in disciplinary action up to and including termination of employment.

The Personnel Policy for Benewah County is available at the Auditor's office or online at <https://www.benewahcountyid.gov/policy> . I have received, read, and understand the terms of Benewah County's Alcohol and Drug Policy, and agree to abide by those terms.

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date