

**MECKLENBURG COUNTY PUBLIC SCHOOLS
ALCOHOL AND DRUG TESTING POLICY
APPLICANT'S ACKNOWLEDGMENT AND CONSENT FORM**

I, _____, have read and understand the Mecklenburg County School Board's Policy 5-5.5 regarding Drug and Alcohol Testing for Bus Drivers and agree to comply with its provisions. I also consent to a urine drug test as a part of the employment application process, unless otherwise exempt under applicable law.

I authorize the Mecklenburg County School Board, or its agents, to designate the laboratory of its choice and to release the results to any Medical Review Officer (MRO) whom it designates.

I understand that, if the drug and alcohol test is confirmed as a positive result or if I refuse to be tested, my application process will not be complete and I will be removed from any consideration for employment.

Name (Print): _____

Signature: _____

Date: / /

Witness: _____

Date: / /