



***Pre-Employment Drug Testing Consent Form
Waiver of Constitutional Rights and Consent for a Minor to Participate in
Drug Testing***

Background

The City of Salem is a drug free work place and wants to assure the safety, health, and well-being of its employees, including minors, in the employment of the City.

Waiver and Consent to Participate in Drug Testing

I understand that drug testing is considered a search under the Fourth Amendment of the United States Constitution and Article I, Section 9 of the Oregon Constitution, and that if I wish for my minor child or dependent to voluntarily participate in the City's drug testing program I must waive those rights.

I understand that I can revoke this consent waiver in writing at any time prior to the time that their urine is submitted for testing.

I have carefully read the foregoing, understand it completely and do knowingly, intelligently, and voluntarily waive my child's rights under the Fourth Amendment of the United States Constitution and Article I, Section 9 of the Oregon Constitution for the purpose of participating in the City's pre-employment drug testing program

As a condition for an application to be considered, applicants must understand and agree to submit to a drug test. If the test results are positive, the applicant shall not be considered further by the City of Salem for this recruitment. The City of Salem will pay the cost of the pre-employment drug test. Any additional treatment or cost relating to the results of the testing shall be the applicant's responsibility.

The City of Salem will maintain the results of the pre-employment drug test. Negative and positive results will be reported to the Director of Human Resources, or his/her designee.

I understand the above conditions and hereby agree to comply with them. I, hereby, give full consent for my minor child or dependent to undergo a drug test as a condition of employment with the City of Salem.

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Print Applicant's Name

Telephone Number

Address

City, State, Zip

Applicant's Signature: _____

Date

Witness Signature: _____

Date

Print Name of Parent or Guardian

Telephone Number

Address

City, State, Zip

Parent or Guardian Signature: _____

Date

Witness Signature: _____

Date