

Employee Agreement and Consent to Drug and/or Alcohol Testing

I hereby agree, upon a request made under the Drug and Alcohol Testing Policy of the Mandan Park District (Company), to submit to a drug and/or alcohol test in the form of urine and/or breath for analysis. I understand and agree that if I at any time refuse to submit to a drug and/or alcohol test under company policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination. I further authorize and give full permission to have the Company and/or its company physician send the specimen(s) so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to the Company and/or to any governmental entity involved in a legal proceeding or investigation connected with the test. Finally, I authorize the Company to disclose any documentation relating to such test to any governmental entity involved in a legal proceeding or investigation connected with the test.

I will hold harmless the company, its company physician, and any testing laboratory the Company might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of employment or any other kind of adverse job action that might arise as a result of the drug or alcohol test, even if a Company or laboratory representative makes an error in the administration or analysis of the test or the reporting of the results. I will further hold harmless the Company, its company physician, and any testing laboratory the Company might use for any alleged harm to me that might result from the release or use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of this policy and the procedures as explained in the paragraph above.

I UNDERSTAND THAT THE COMPANY WILL REQUIRE A DRUG AND/OR ALCOHOL SCREEN TEST UNDER THIS POLICY WHENEVER I AM INVOLVED IN AN ON-THE-JOB ACCIDENT OR INJURY, ANY CIRCUMSTANCES THAT SUGGEST MY POSSIBLE INVOLVEMENT OR INFLUENCE OF DRUGS OR ALCOHOL AND MAY REQUIRE A DRUG AND/OR ALCOHOL SCREEN TEST FOR PRE-EMPLOYMENT, RANDOM, REASONABLE CAUSE, RETURN-TO-WORK AND FOLLOW-UP.

The policy and authorization have been explained to me in a language I understand, and I have been told that if I have any questions about the test or the policy, they will be answered.

Signature of Employee

Date

Print Employee's Name

Date

Parent or Guardian signature (if employee is a minor)

Date

Print Parent or Guardian's Name (if employee is a minor)

Date

Company Representative

Date