



## Wakulla County School Board Pre-Employment Drug Testing Notification Form

**This drug screening test must be completed the date of this letter.** Enclosed you will find information regarding the test, contact and location information for the laboratory as well as the hours of operation. This drug screening test is in accordance with Wakulla County School Board policy 6.17. If you have any questions regarding our policy or this test, please contact the Human Resources Department as soon as possible.

Applicant Name: (Print) \_\_\_\_\_ Position Offered \_\_\_\_\_

Applicant Photo ID #: \_\_\_\_\_  Driver's License  Passport  Other \_\_\_\_\_

Notification Date & Time: \_\_\_\_\_ / \_\_\_\_\_ a.m. / p.m.

Cost of drug screening is to be paid by applicant. The fee, payable to Wakulla County School Board, is **\$35.00**. Payment methods accepted: Cash, money order or cashiers check.

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**You must report for a drug test:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ a.m / p.m.

Place: \_\_\_\_\_  
\_\_\_\_\_

Please have a photo I.D., this completed form and a control form to present to the testing site personnel.

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**Release and Disclaimer from Drug Testing:**

I, \_\_\_\_\_, hereby voluntarily agree to submit to any lawful drug test requested by Wakulla County School Board which deems, in its sole discretion, to be reasonably necessary to provide its workers with a safe working environment.

I authorize that the results of any drug test be communicated and disclosed to Wakulla County School Board. As a consequence of any positive result obtained by said test, I understand that I may not be offered a job with Wakulla County School Board.

I hereby indemnify, release and forever discharge and hold Wakulla School Board and its subsidiaries and affiliated companies, agents and employees harmless from any and all claims, demands, judgments and legal fees arising out of or in connection with such tests, the results, or any lawful use of the results.

The Potential Employee has been given an Anti-Drug Program Notification Form and a Control Form.

\_\_\_\_\_  
Signature of Executive Director of HR/Designee

\_\_\_\_\_  
Signature of Applicant / \_\_\_\_\_  
Date