# Captiva Island Fire
# Control District
# Drug-Free Workplace
# Acknowledgement & Testing Consent Form

The Captiva Island Fire Control District is committed to creating and maintaining a workplace free of substance abuse without jeopardizing the job security of a valued employee. To address this problem, the Captiva Island Fire Control District has developed a policy regarding the illegal use of drugs and the abuse of alcohol that we believe best serves the interest of all employees. My initials below indicate acknowledgement and agreement to the following:

### *Initial*

_____ I agree that Lab Corp may collect these specimens for these tests and may test them, if qualified, or forward them to a licensed laboratory designated by the Captiva Island Fire Control District for analysis. I further agree to hereby authorize the release of the test results to the Captiva Island Fire Control District.

_____ I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

_____ I understand that my current or future use of illegal drugs may prohibit me from being employed at the Captiva Island Fire Control District.

The US Constitution Fourth Amendment provides certain protections regarding unreasonable search and seizures. However, I freely and voluntarily consent to the following types of drug-testing for the purposes of determining the drug and/or alcohol content thereof:

_____ Pre-employment: As a part of the new-hire process.

_____ Post Accident: After causing, contributing to, or being involved in a workplace accident.

_____ Random: As a part of an unbiased and periodic testing program.

_____ Fitness for Duty: Applicable if a medical physical is necessary to meet job demands.

I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

**APPLICANT**

Print Name:_____    Date: _____

Signature: _____

**WITNESS**

Print Name:_____ Signature: _____

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