

Regulation

PERSONNEL

6402.1

ACKNOWLEDGEMENT, AUTHORIZATION AND CONSENT FORM
FOR DRUG AND ALCOHOL TESTING

NAME OF APPLICANT: _____

I, _____, understand that my ability to operate a commercial motor vehicle is a condition of precedent as well as an ongoing requirement for my continued employment with the District. I hereby further acknowledge that my inability to operate a commercial motor vehicle shall be grounds for my termination from the District.

I understand that the District utilizes the services of Jefferson-Lewis-Hamilton-Oneida BOCES (Jefferson-Lewis BOCES) to conduct all services related to drug and alcohol testing and any other necessary services needed to comply with Federal and New York State Commercial Drivers License requirements, and agree to comply with Jefferson-Lewis BOCES related to testing.

I further understand that drug testing means that a sample of my urine will be collected and tested for the presence of prohibited drugs or their metabolites, and that alcohol testing means that a sample of my breath will be taken and tested for evidence of alcohol.

Consent to Information Sharing From Prior Employers

By signing this Form, I authorize all prior employers or organizations where I applied for employment to provide the District with information about the results of prior drug or alcohol tests administered to me by those organizations, and any prior time I may have refused to submit to drug or alcohol testing. I certify that I have provided the District with complete information about who those prior employers or other organizations are, and I understand that a failure to provide complete information may also be grounds for the revocation of my employment or my conditional offer of employment.

Pre-Employment Testing

I, understand that the offer of employment that I have received from the District is conditioned upon my successful completion of pre-employment drug and alcohol testing.

- **I agree to submit samples necessary to complete pre-employment drug and alcohol testing.**
- I understand that if I do not submit the samples required for this testing the District will revoke the conditional offer of employment that has been made.
- I understand that the conditional offer of employment will be revoked if my pre-employment alcohol test registers an alcohol concentration of .02 or more.
- I understand that the conditional offer of employment will be revoked if my pre-employment drug test registers the presence of marijuana, cocaine, amphetamines, phencyclidine, or opioids (including hydrocodone, oxycodone, hydromorphone,

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oxymorphone, or other synthetic opioids), alone or in any combination, that has not been prescribed for me by an appropriate health care professional with assurance that taking the medication as prescribed will not affect my safe performance of my job duties.

Testing During Employment

I acknowledge that I have been provided with a copy of the District's Policy establishing a drug and alcohol testing program for employees in CDL-required positions.

- I understand that the District's Policy has been adopted to help ensure the safety of District students and the public, and to comply with the requirements of both federal and state law.
- I understand that if my pre-employment drug and alcohol test results are satisfactory and I become a regular employee of the District, my continued employment will be subject to the District's Policy, and **by signing this form I am agreeing to comply with the Policy and related procedures.**
- I understand that, consistent with federal and state law, I will be required as a condition of my employment in a CDL-required position to undergo random, reasonable suspicion, post-accident, return-to-duty, and follow-up drug and alcohol testing.
- I understand that if the results of any drug or alcohol test administered during my employment is not acceptable (as described above), I will be subject to discipline, including the possibility of termination of employment.
- I understand that if I do not complete a drug or alcohol test protocol in an acceptable manner during my employment, I will be subject to discipline, including the possibility of termination of employment.

I also acknowledge receipt from the District regarding information concerning the effects of alcohol and controlled substances use on an individual's health, work, and personal life; signs and symptoms of an alcohol or controlled substances problem (the driver's or co-worker's); and available methods of intervening when an alcohol or controlled substance problem is suspected, including confrontation, referral to any employee assistance program, and/or referral to management.

General Consent for Limited Queries of the Federal Motor Carrier Safety Administration ("FMCSA") Drug and Alcohol Clearinghouse

By signing this form, I consent to the District to conduct a query through the Jefferson-Lewis BOCES of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse ("Clearinghouse") to determine whether drug and alcohol violation information about me exists in the Clearinghouse. This consent is unlimited and shall remain in effect for the duration of my employment with the District.

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I further understand that if I refuse to provide consent for the District to conduct a query of the Clearinghouse, the District must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA’s drug and alcohol program regulations.

I understand that if the query conducted through the Clearinghouse indicates that drug and alcohol violation information about me exists in the Clearinghouse, FMSCA will not disclose the information to the District without first obtaining an additional consent from me.

I further acknowledge that if the query conducted by the District indicates that drug and alcohol violation information about me exists in the Clearinghouse and I refuse or fail to provide specific consent for the District to receive that information, it shall be grounds for termination from the District.

Discovery of prior drug and alcohol violation information may, but does not necessarily, disqualify an individual from being employed by the District. Administration has the final authority as to discipline and/or termination in conjunction with requirement of District policies, including but not limited to the Drug and Alcohol Testing (Transportation) policy, including termination or other disciplinary actions.

Signature: _____ Date: _____

Witness: _____ Date: _____

Waterville Central School District
Approved by the Superintendent: 09/09/97, 01/26/16, 03/10/20