



Troup County Board of Commissioners Pre-Employment Drug Testing Acknowledgment

I hereby acknowledge and understand that as part of my application for employment for a position with Troup County Government I may be required to submit to a urine drug test under the authority of Troup County.

I further acknowledge and understand that if my application for employment is for a position which involves the performance of safety-sensitive functions as defined by 49 CFR Parts 382 or 655, as amended, I must submit to a urine drug test under the authority of the U.S. Department of Transportation (Federal Motor Carrier Safety Administration or the Federal Transit Administration).

I acknowledge and understand that any offer of employment for a position which involves the performance of safety-sensitive functions as defined by 49 CFR Parts 382 or 655, as amended, is contingent on passing the aforementioned drug test and I will not be assigned to perform a safety-sensitive function unless my urine drug test has a verified negative result showing no evidence of prohibited drug use.

I acknowledge and understand that any offer of employment may be contingent on passing a pre-employment drug test and I will not be employed under Troup County authority unless my urine drug test shows no evidence of prohibited drug use.

Signature of Applicant

Date

Applicant's Printed Name

Signature of Witness

Date

Witness's Printed Name

(Note: Your application will not be considered for employment unless this acknowledgement is completed and signed.)