

**PERRY COUNTY  
DRUG TESTING CONSENT FORM**

I understand that any offer of employment which may be made to me by Perry County is contingent upon my successfully passing a Drug Screening Test. I hereby give my consent to Perry County to conduct a drug test that will be performed by a laboratory selected by Perry County, and which will provide for split sample testing. I also understand and agree that if the pre-employment Drug Screening Test indicates a violation of the Drug Testing Policy, any contingent job offer which may be or has been made to me will be null and void.

I further agree that in the event that the pre-employment Drug Screening Test indicates a violation of the Drug Testing Policy, I will have an opportunity to challenge this violation before Perry County Human Resources and/or appropriate department by submitting a written request to review the record. I may submit additional written information that I believe to be appropriate to Perry County for consideration. Additionally, I may, at my cost, have the split sample referenced above tested to ensure the accuracy of the testing procedure. I understand that the decision of Perry County shall be final.

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