



Department of Human Resources
Division of Employee Benefits
1180 S. Main Street, Suite 378
Akron, Ohio 44301

Consent and Release
2073 Pre-employment Drug Testing

Applicant name (Last)	(First)	(MI)	HR representative	Date
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I understand that as an applicant for employment with the County of Summit, Ohio, I am required to submit to a test for alcohol and controlled substances prior to an offer of employment.

I understand that if I refuse to consent to a test for alcohol and controlled substances, I will not be hired by the County and shall be ineligible to apply for employment with the County for a period of one year.

I understand that if I submit to a test for controlled substances and the result is positive, I have the right to file an appeal with the County's Human Resource Commission to challenge the validity of the test.

I understand that the Human Resource Commission may rule that the test is valid or order a second test and that the order of the Commission is final. I understand that if the result of a second test is positive, I will not be hired. Being fully aware of my rights, I consent to a test for alcohol and controlled substances by the County of Summit, Ohio.

I RELEASE, HOLD HARMLESS, AND FOREVER DISCHARGE THE COUNTY OF SUMMIT, OHIO, ITS OFFICIALS, AND EMPLOYEES FOR ANY CLAIMS, CAUSES OF ACTION, OR EXPENSES OF ANY KIND OR NATURE ARISING FROM OR RELATED TO MY BEING TESTED BY THE COUNTY FOR ALCOHOL AND CONTROLLED SUBSTANCES.

▶ _____
Applicant's signature

▶ _____
Date

Name (print)