

DRUG TEST CONSENT FORM
N.C. CONTROLLED SUBSTANCE EXAMINATION REGULATION ACT

In accordance with Alexander County policies, you have been selected for a **pre-employment** controlled substance test. In accordance with 13NCAC 20.0401, this Notice explains your rights and responsibilities under the N.C. Controlled Substance Examination Regulation Act (“CSERA”) (Chapter 95, Article 20 of the N.C. General Statutes) and the corresponding administrative rules (Title 13, Chapter 20 of the N.C. Administrative Code), as amended.

- You may refuse this test; however your promotion, change in employment status or employment opportunity may be in jeopardy.
- An approved laboratory must perform testing of samples.
- Although applicants may be screened by means of a “Quick Test”, any positive results must be confirmed by an approved lab using gas chromatography with mass spectrometry (GS/MS) or equivalent scientifically accepted method before hiring decisions are made.
- You can request a “re-test” of any positive sample. Retests must be on the same sample and any expense must be paid for by you, the applicant.
- You can file a complaint with the N.C. Department of Labor – Wage and Hour Bureau at (919) 807-2796 or 1-800-NC-LABOR if you believe procedural requirements of CSERA were violated. The Department has no jurisdiction regarding an employer’s requirement for controlled substance testing or its decisions regarding results of controlled substance testing.
- Applicants: Drug/alcohol testing must be completed within eight (8) hours of when the County’s representative signs below. Applicants must present this form to the testing facility. Any applicants requesting testing after the eight (8) hour restriction must receive prior authorization by the Human Resources Director or the hiring authority for those being employed with DSS, Health, Sheriff and Register of Deeds Offices. Failure to follow the criteria may result in Alexander County withdrawing the Conditional Offer of Employment.

Applicant’s Printed Name	Applicant’s Signature	Date & Time
County Representative	Title	Date & Time
Alexander Co. Health Dept.	Signature of Representative	Date & Time

Send confidential results to:

Human Resources
621 Liledoun Road
Taylorsville, NC 28681