

Cumberland County Board of Education

**368 Fourth Street
Crossville, TN 38555
Phone 931-484-6135 Fax 931-484-6425**

Pre-Employment Drug Test Consent and Release Form

I hereby consent to submit to substance abuse testing as part of the Board's employment medical examination requirements.

I further agree to and hereby authorize the release of the results of said test to the Cumberland County Board of Education.

I understand that it is the current illegal use of drugs and/or abuse of alcohol that will prohibit me from being employed by the Cumberland Co. BOE.

I further agree to hold harmless the Board from any liability arising in whole or part out of the collection of specimens, testing, and use of the information from said testing connection with the Cumberland Co. BOE consideration of my employment application.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of the consent and release form is a voluntary act on my part and that I have not been coerced in signing this document by anyone.

Applicant:
Print Name _____

S.S.N. _____

Applicant:
Signature _____

Date _____

Witness Printed Name: _____

Witness
Signature: _____