

**Employee Drug & Alcohol Testing Acknowledgement
(Non-Union Positions and Police Communications Technician Positions)**

I acknowledge that the City of Dublin has an Employee Drug Testing Program, which requires employees to submit to drug and/or alcohol testing under the following circumstances: when the City has reasonable suspicion to believe that an employee is under the influence of illegal drugs or alcohol while on City premises or on City business; following a serious violation safety policies, rules, and regulations; or following a work-related accident resulting in any of the following: bodily injury (other than minor abrasions/contusions) to the employee or any third party requiring off-site medical attention; issuance of a traffic citation to the employee for a moving violation in connection with a vehicular accident; vehicular damage in apparent excess of \$1,000; non-vehicular property damage in apparent excess of \$500; any accident involving fatalities.

I understand that should I be appointed to a position with the City of Dublin, the City may request my participation in a drug and/or alcohol test one or more times during my employment with the City. I further understand that I would be subject to appropriate disciplinary action including suspension or dismissal if the test results are positive, if masking agents are detected in specimens provided by me in conjunction with the testing procedure, or if I refused to be tested.

I hereby knowingly and voluntarily consent to further drug and/or alcohol testing after appointment to a position with the City of Dublin, based upon the terms and conditions specified above, during the term of my employment with the City of Dublin. I authorize the City to conduct, through its designated testing laboratory or other licensed/certified medical professionals/ technicians, urinalysis, blood, saliva, or breath testing. In addition, I authorize the designated testing laboratory or other medical professionals/technicians to release any and all information regarding the tests, including their results, to the City of Dublin and its representatives. I further release the City of Dublin, its officers, directors, employees, agents, representatives from any and all claims, suites, causes of action, liability, and damages arising from my submitting to the tests and from the information obtained from the tests.

**Employee Drug & Alcohol Testing Acknowledgement
(Union Maintenance Worker, Auto Mechanic, Custodial Worker Personnel)**

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