

# GREENE COUNTY BOARD OF COMMISSIONERS

## COMMISSIONERS

Gary Usry, Chairman  
Angela W. Deering  
Jeffery L. Smith  
Dee Lindsey  
Ernie Filice



## COUNTY MANAGER

Byron Lombard

1034 Silver Drive, Suite 201  
Greensboro, GA 30642  
Phone: 706-453-7716  
Fax: 706-453-9555

DATE: \_\_\_\_\_

TO: Good Samaritan Hospital

FROM: Tracie Beal, Personnel Director  
Greene County Board of Commissioners

RE: Pre-employment Drug Test

The following individual has been offered a position with the Greene County Board of Commissioners pending the successful completion of a pre-employment drug screen:

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Please administer the test and **fax the results to 706-454-7036** or they may be e-mailed to me at [tbeal@greencountyga.gov](mailto:tbeal@greencountyga.gov).

Charges for the test should be billed to the Greene County Board of Commissioners at the address above.

Thank you.



## Greene County Pre-employment Drug Testing Consent and Release Form

I hereby consent to submit to urinalysis and/or other tests as shall be determined by Greene County in the selection process of applicants for employment, for the purpose of determining the drug content thereof.

I hereby acknowledge that I have been notified of the requirements of the Greene County Substance Abuse Policy.

I agree that Greene County may collect these specimens for these tests and may test them or forward them to a testing laboratory designated by Greene County for analysis.

I further agree to and hereby authorize the release of the results of said tests to Greene County.

I understand that it is the current use of illegal drugs that prohibits me from being considered for employment with Greene County.

I further agree to hold harmless Greene County and its agents from any liability arising, in whole or in part, out of collection of specimens, testing, and use of the information from said testings in connection with Greene County's consideration of my application of employment.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

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

Applicant: Print Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Applicant: Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Printed Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Guardian Signature (if applicant/employee under 18): \_\_\_\_\_

Drug Test

Pre-employment

Blood Alcohol

Breath Alcohol