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Exhibit D

DRUG TESTING

PLEASE RETURN THIS FORM TO THE NORTH OGDEN CITY OFFICE

ALL EMPLOYEES ARE REQUIRED TO HAVE THEIR DRUG TEST DONE WITHIN 72 HOURS OF RECEIVING THIS FORM.

YOU CANNOT START WORKING UNTIL THE HUMAN RESOURCES DEPARTMENT HAS RECEIVED THE ORIGINAL RECEIPT FROM WORKMED AND YOU HAVE PASSED THE TEST.

WorkMed
1355 W. Hinckley Drive, Ogden, UT
Monday-Friday 7:30am – 5:30pm

BRING THIS FORM AND SOME FORM OF IDENTIFICATION (DRIVERS LICENSE / STUDENT ID CARD, ETC.) WITH YOU TO THE CLINIC. STATE THAT YOU ARE THERE TO DO PRE-EMPLOYMENT DRUG SCREENING FOR NORTH OGDEN CITY. IF YOU ARE NOT YET 18 YEARS OLD YOU MUST HAVE YOU PARENT OR GAURDIAN SIGN THE CONSENT FORM BELOW.

ACKNOWLEDGMENT AND CONSENT

I understand that, in consideration of an offer of employment or continuing employment with North Ogden City, I will be subject to drug testing and a background check before any offer of employment is valid and during my continuing employment with North Ogden City.

I acknowledge, understand, and agree to abide by North Ogden City’s Drug and Alcohol Testing Policy. If deemed to be in the best interest of the City, I may be subject to medical examination, job-related physical ability testing, and psychological testing.

I hereby consent to perform such tests as required by the City. I also consent to permit any person, entity or facility performing such tests to release the results of the tests to North Ogden City.

<p>I acknowledge that I am at least 18 years old.</p> <p>Signed this _____ day of _____, 20 _____</p> <p>_____</p> <p>Printed Name</p> <p>_____</p> <p>Signature</p>	<p>I acknowledge that I am <u>NOT</u> 18 years old.</p> <p>Signed this _____ day of _____, 20 _____</p> <p>_____</p> <p>Printed Name</p> <p>_____</p> <p>Signature</p>
<p>FOR OFFICE USE ONLY</p> <p>Date received testing form: _____</p> <p>By: _____</p> <p>Return by: _____</p>	<p>Parental consent:</p> <p>Signed this _____ day of _____, 20 _____</p> <p>_____</p> <p>Printed Name</p> <p>_____</p> <p>Signature</p>