



Drug Testing Consent Form

I, _____ [Applicant Name], do hereby agree to submit to testing to be performed by Circle Home Health, Occupational Health Department for detection of drugs and alcohol. I give permission for test results to be released to Lowell Housing Authority.

I understand that positive test results *[where allowed by state law]*, refusal to be tested or any attempt to affect the test results or test sample may result in withdrawal of my application for employment, withdrawal of any provisional employment offer I have received from Lowell Housing Authority or termination of employment, depending on when results are received.

Applicant Signature: _____

Date: _____