

CITY OF SAGINAW

Authorization to Conduct Drug and or Alcohol Testing

I, _____ do hereby authorize the City of Saginaw and its agents to conduct any drug and or alcohol test deemed necessary. I understand that proper “chain of custody” procedures will be maintained and that the testing will be conducted by a Certified Laboratory. I hereby authorize the release to the City of Saginaw all results of any drug/alcohol test performed by any doctors, clinics, or laboratories to which I have been referred. This information is authorized to be used by the City of Saginaw for the sole purpose of employment related matters.

Listed below are all the medications I am currently taking.

_____	_____
_____	_____
_____	_____

_____	_____
Signature (include maiden name if applicable)	Date

_____	_____	_____	_____
Street or P O Box	City	State	Zip

_____	_____
Area Code and Phone Number	Social Security Number

Signature of Parent/Guardian if applicant/employee is under the age of eighteen (18) years