



STANISLAUS COUNTY NON-DOT DRUG PASSPORT INSTRUCTIONS

1. Allow enough time for the candidate to complete the drug screen **within the 48-hour** timeframe.
 - A. DO NOT send the employee on a Friday afternoon or if the following day is a holiday. The 48-hour timeframe includes weekends and holidays.
 - B. Once you have informed the candidate that they need to take a pre-employment drug screen, the 48-hour time clock begins.
2. The candidate may contact either of the US HealthWorks locations for an appointment.
 - A. US HealthWorks hours are 7:30am – 5:30pm. The last drug screen is taken at 5:00pm. The applicant will be asked to come back the next day if there is a wait.
 - B. The lab is busy in the early morning and after 4pm. The best time to arrive without an appointment is between 10:30am – 12pm or 3pm – 4pm.
3. The current Stanislaus County Non-Dot Drug Passport form is located on Page 10 or I:\DATA\AD\WP\RECRUIT\Forms\NewHires\NON-DOT DRUG PASSPORT 5-07.doc
4. DO NOT complete the passport in pencil. Alterations are not allowed.
5. For the location of a facility out of the area, please contact your CEO Management Consultant for assistance.

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6. Include "Date Passport Issued" and "Time" at top of the page. This begins the 48-hour timeframe.
7. Include the **last six digits only** of the Social Security Number in the "Candidate/Employee Information" box.
8. DO NOT include the candidate's name on the Passport.
9. Verify the US HealthWorks appointment location.
10. DO NOT complete the area that says for US HealthWorks only.

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11. Include the candidate's name, **last six digits only** of the Social Security Number, position applied for and the department.
12. Have the applicant sign and date the form.
13. Either the department or US HealthWorks should witness the candidate's signature.
14. **Include all the information requested in the box marked "For County Use Only."** Without this information, the candidate could be turned away and the process delayed. This could result in the candidate being eliminated from further consideration. The candidate must meet the 48-hour limit. Call the CEO-HR Unit at 525-6333 if you have questions.



**STANISLAUS COUNTY
CANDIDATE CHEMICAL SCREEN
CONSENT AND RELEASE OF INFORMATION**

CANDIDATE NAME: _____ DATE: _____

SOCIAL SECURITY # _____ **Last Six Digits Only**

POSITION APPLIED FOR: _____ DEPT: _____

I UNDERSTAND THAT A URINE SPECIMEN WILL BE COLLECTED FROM ME. I HAVE BEEN INFORMED THAT THESE SPECIMENS WILL BE TESTED FOR THE PRESENCE OF DRUGS. I AUTHORIZE THE COLLECTION OF THE SPECIMENS, THEIR TESTING FOR DRUGS AND THE RELEASE OF THE RESULTS OF THE TESTS TO STANISLAUS COUNTY. I UNDERSTAND THAT THIS URINE SCREENING IS REQUESTED BY AND PAID FOR BY STANISLAUS COUNTY. I UNDERSTAND THAT THIS AUTHORIZATION IS IRREVOCABLE.

I UNDERSTAND THAT A POSITIVE TEST SHALL RESULT IN A DISQUALIFICATION FOR EMPLOYMENT WITH STANISLAUS COUNTY.

I AGREE TO BE TESTED. I UNDERSTAND THAT BY AGREEING TO BE TESTED, THE RESULTS OF THE TEST WILL BE KEPT CONFIDENTIAL AND WILL NOT BE USED BY THE COUNTY IN ANY CRIMINAL CASE AGAINST ME.

SIGNATURE

DATE

I REFUSE TO BE TESTED. I UNDERSTAND THAT BY REFUSING TO BE TESTED, I WILL BE DENIED CONSIDERATION FOR EMPLOYMENT WITH STANISLAUS COUNTY.

SIGNATURE

DATE

WITNESS OF SIGNATURE

DATE

FOR COUNTY USE ONLY:

HIRING AUTHORITY CONTACT

PHONE NUMBER

BUDGET FUND & ORG

JOB TITLE OF CANDIDATE/EMPLOYEE