

**FLORIDA DEPARTMENT OF JUVENILE JUSTICE
POLICY AND PROCEDURES**

ATTACHMENT A

APPLICANT DRUG TESTING PROGRAM

DEPARTMENT OF JUVENILE JUSTICE

APPLICANT DRUG TESTING CONSENT

In keeping with the provisions of section 112.0455, Florida Statutes, and Chapter 59A-24, Florida Administrative Code, I voluntarily consent to specimen collection and subsequent testing of the specimen. I understand that refusal to supply the necessary specimen within 24 hours of notification, or test results that reveal the use of controlled substances as set forth in Chapter 59A-24, Florida Administrative Code, will be grounds for rejection of my application for employment for this position. I further understand that the results of the testing may be utilized in conjunction with any other information developed during the pre-employment process to determine my eligibility for employment with the Department, and that written confirmatory laboratory reports may be subject to disclosure under Florida's Public Records Act.

Applicant's Name

Social Security #

Applicant's Signature

Date

Witness's Name

Witness's Signature

Date