



## PRE-EMPLOYMENT DRUG TEST CONSENT AND ACKNOWLEDGMENT FORM



I, \_\_\_\_\_, an applicant/person who has been offered employment with the Government, consent to and acknowledge that I will be scheduled to undergo drug testing as a condition of employment. **I understand that I cannot start work until I take and pass the required drug test.**

**Test Specimen and Substances:** I understand that I must take and pass a drug test, pursuant to current regulations and executive orders, and in accordance with the Department of Administration's (DOA) Drug-Free Workplace Program.

- A. The drug test will involve an analysis of a urine sample of which I will provide at a designated test site. I will be contacted by DOA Drug Testing Staff by telephone who will schedule me for my test and inform me of the time and location to report. Staff will make at least 3 attempts to contact me for the purpose of scheduling my drug test. If I am not reachable to be scheduled for my drug test by the third attempt, I understand that drug testing will cease and my offer of employment will be rescinded. I will be given a minimum of thirty (30) minutes to up to one (1) hour to report. I am not allowed to schedule my own drug testing. I am to bring a valid government issued picture identification such as a driver's license. I will not engage in conduct that may alter, obstruct or trick the drug test or its processes. If I attempt to do so, I understand that it is the same as refusing to test and may result in my drug testing being cancelled. In addition, it may result in disciplinary action if I am an employee, or the rescinding of the employment offer if I am an applicant.
- B. The purpose of the test will be to test for the presence of, but not limited to the following controlled substances which are listed in appendix A-E of Chapter 67 of Title 9, Guam Code Annotated:
  - **Amphetamines**
  - **Cocaine**
  - **Opiates/ Opioids (e.g. Heroin, Fentanyl)**
  - **Phencyclidine (PCP)**
  - **Barbiturates**
  - **Cannabis (marijuana – although not a controlled substance, it will only be tested for pre-employment for those whose positions are exempted under Section (d) or (e) of P.L. 37-119. For positions that are NOT exempted under this law, cannabis will only be tested based on probable cause, random, post-accident and follow up testing, unless otherwise amended by executive order or statute)**

**The following applies to pre-employment drug testing as well as other types of drug testing such as random, probable cause, post-accident, follow up testing (additional information will be provided as applicable for each type of testing):**

**Specimen Collection:** I understand that qualified specimen collectors will collect the minimum amount of urine necessary, as specified by them, to analyze and verify for the above-mentioned drugs. The collection will be done unobserved; however, it may be done by direct observation or cancelled in its entirety if an applicant/person attempts to alter, interfere or trick the testing process. Any drug test results which are reported as a non-negative, or the applicant/person is unable to provide a sufficient sample, such test results will be referred to a Medical Review Officer (MRO) for review. The MRO is a doctor who is certified and specializes in the analysis of drug test results.

**Positive Results:** I understand that the MRO will make reasonable attempts to contact me to discuss the test results and give me with the opportunity to provide medical documentation explaining a positive result, which the MRO will consider before verifying the urine analysis as a confirmed positive drug test. If the MRO verifies a confirmed positive drug test result, I understand and consent to the MRO sending the verified positive test result to the DOA and the selecting department. I understand that a positive result will result in my job offer being rescinded and may lead to administrative and disciplinary action if I am an employee. Any non-negative test result will disqualify me from consideration for government employment, subject to the provisions of DOA Circular 2023-014, and any subsequent amendments.

**Failure to Provide a Urine Specimen:** I understand that I must remain at the collection site until I am able to provide the minimum amount of urine required to be analyzed. The laboratory personnel will assist those who have difficulty providing their urine specimen or a sufficient amount of urine specimen by providing up to three (3) hours to do so and will be provided



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up to 40 oz. of water that is to be consumed during the three hours. For applicants/persons who are unable to sufficiently provide the required amount of urine specimen due to a medical condition, they must still attempt to provide the required amount. If after the three hours has elapsed, and the applicant/person has not produced the required amount of urine, the lab personnel will notate this on the chain of custody form. The Medical Review Officer (MRO) will contact the applicant/person, at which time the individual may explain that a medical condition prevents them from providing an adequate sample and may submit supporting medical documentation directly to the MRO for consideration. The MRO will review the case and may determine the results to be negative. An employee, applicant, or individual who fails to provide a sufficient urine specimen without a medically justified reason will be subject to the same range of disciplinary actions as those imposed for a verified positive test result for illegal drug use, or withdrawal of a job offer.

**Failure to Report for Drug Testing:** I understand that I must appear at the designated test site and provide a urine sample. If I, as an employee, fail to appear for drug testing without just cause, I understand that I will be subject to the same range of disciplinary actions as those imposed for a verified positive test result for illegal drug use. If I am an applicant/person who has been selected for employment and fails to appear for drug testing without just cause, I understand that any offer of employment will be cancelled or rescinded. In addition, I understand that the DOA HR Drug Testing Branch will recommend to the hiring department that my job offer be rescinded if I do not respond when contacted to report for drug testing.

**Refusal to Undergo Drug Testing:**

If I am an employee who refuses to be drug tested, I understand that I will be subject to the same range of disciplinary actions as those imposed for a verified positive test result for illegal drug use. If I am an applicant who refuses to be tested, I understand that my conditional offer of employment will be cancelled or rescinded. I also understand that engaging in conduct that clearly obstructs the drug test is the same as refusing to test, and will result in discipline if I am an employee, and rescindment of the employment offer if I am an applicant.

**Diluted Urine Specimen:** I understand that a “diluted positive” test result is still considered a positive result for a particular drug in the urine. Since this result is still considered positive, such a result is unsatisfactory since the applicant/employee did not pass and therefore the agency must rescind the job offer in the case of pre-employment, or take disciplinary action in the case of an active employee since the result is not a passing result.

**Invalid Specimen:**

An “invalid specimen” refers to the result reported by the laboratory for a urine specimen containing an unidentified adulterant, which is not a normal constituent or containing an endogenous substance at a concentration that is not a normal physiological concentration. With such a result, the MRO will cancel the test and recommend a recollection under direct observation. If the recollection is approved by the hiring agency, it will be accomplished as soon as possible. If it is not approved, since the result is not a passing result, I understand that my job offer will be rescinded, and I may be subject to administrative and/or disciplinary action if I am an employee.

**Release of Test Results:** I agree that my drug test results be made available for review by the MRO, the selecting department, and the DOA for the purpose of determining whether I may proceed with the recruitment process if I pass the drug test, or whether I have violated drug testing policies, related executive orders, or laws, which will result in appropriate action.

**Contesting Drug Test Results:** I understand that should I choose to contest the drug test result as provided by the MRO, I have 10 (ten) work days from the date I was notified by the responsible appointing authority to formally indicate in writing by filling out the appropriate form to the Human Resources Division (HRD), DOA that I contest the drug test results. A retest of the same urine sample will be conducted. All cost associated will be at my expense.

By execution of this consent form, I acknowledge that DOA has notified me of the Drug-Free Workplace Program which can be found on the website, [www.hr.doa.guam.gov](http://www.hr.doa.guam.gov). In addition, should I be hired, I agree to abide by the Drug-Free Workplace Program by submitting to post employment drug and alcohol testing when authorized.

/s/

Director, Department of Administration



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**ACCEPT**

I hereby voluntarily consent to undergo drug testing and agree to the terms and conditions outlined in the Consent and Acknowledgement Form and the Drug-Free Workplace Program.

**Print Name of Applicant/Employee:** \_\_\_\_\_

**Signature of Applicant/ Employee:** \_\_\_\_\_

**Last Four Digits of your SSN: XXX-XX-** \_\_\_\_\_

**Department/Agency** \_\_\_\_\_

**Date:** \_\_\_\_\_

**REFUSE**

I hereby decline to submit to drug testing and I understand that my job offer will be rescinded.

**Print Name of Applicant/Employee:** \_\_\_\_\_

**Signature of Applicant/ Employee:** \_\_\_\_\_

**Last Four Digits of your SSN: XXX-XX-** \_\_\_\_\_

**Department/Agency** \_\_\_\_\_

**Date:** \_\_\_\_\_

\*\*\*\*\* **OFFICIAL USE BELOW** \*\*\*\*\*

Signature of DOA DFWP Drug Program Specialist:

Date Received/Stamp:

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