



**City of Albuquerque
Pre-Employment
Medical/Substance Abuse
Consent Form**

Applicants under the age of 18

I hereby give permission for the below named applicant to be employed by the City of Albuquerque.

I hereby give my permission to the City of Albuquerque to refer the below named applicant for a complete medical examination and, if necessary, a T.B. skin test.

I understand the City of Albuquerque is a drug free workplace. I hereby give permission for the City of Albuquerque to give the applicant a substance abuse test in accordance with the City of Albuquerque Substance Abuse Policy dated February 7, 2006, including pre-employment, random, post accident and/or reasonable suspicion testing.

I hereby give the City of Albuquerque permission to refer the below named applicant for treatment of a work related injury or occupational disease.

Applicant (Print Name)

Signature

Social Security Number

Date of Birth

Parent or Guardian Signature

Date
Rev. 3/2009

