



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 TB 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 December 10, 1999, 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