



**City of Albuquerque
Pre-Employment
Medical/Substance Abuse
Consent Form - Applicant under the age of 18**

I, the below-named applicant under the age of 18, and I, the parent or legal guardian of the applicant, hereby give my permission for the below named applicant to be employed by the City of Albuquerque on the following terms and conditions:

I hereby give my permission to the City of Albuquerque to refer the below-named applicant for a complete medical examination and, if applicable, a tuberculosis (“TB”) skin or tuberculosis blood 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 June 26, 2015 or as that policy is amended during the period of applicant’s employment with the City, including pre-employment, random, post accident and reasonable suspicion testing. I understand that under certain circumstances a directly observed collection may be required as described in the attached “Appendix D – Direct Observation Procedures”.

I understand any medical or drug testing will be performed by a private contractor engaged by the City. I hereby agree to indemnify and hold harmless the City, its contractors, their agents, employees, and representatives from any and all events, injuries or actions that might arise from or during such testing events.

Furthermore, I hereby give the City of Albuquerque permission to refer the below-named applicant for treatment of a work related injury or occupational disease, in particular, but not limited to emergency medical treatment.

Applicant (Print Name)

Date

Signature

Social Security Number

Date of Birth

Parent or Guardian (Print Name)

Date

Parent or Guardian Signature