

PRATT COUNTY DRUG TESTING POLICY

I, \_\_\_\_\_, DO HEREBY CONSENT AND  
ACKNOWLEDGE THAT IF SELECTED FOR EMPLOYMENT BY  
PRATT COUNTY, THAT I WILL SUBMIT TO AND SUCCESSFULLY  
PASS A DRUG SCREENING TEST PRIOR TO FINAL HIRING.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

THIS FORM MUST BE RETURNED WITH APPLICATION.