

BONNEVILLE COUNTY

Conditional Offer of Employment Consent to Pre-employment and Random Drug Testing Authorization for Release of Information

Name: _____

Effective Date: _____

Position: _____

Dept. or Office: _____

Introductory Period: _____

I understand that I have been offered employment in the position indicated above based on information provided by me in my employment application and other related documents or materials and that any misstatement or omission of relevant information in the application process may result in withdrawal of this offer or termination of employment.

I agree to provide Bonneville County with any information required to conduct a criminal background check, including fingerprints if requested, and I understand that this conditional offer of employment may be withdrawn or my employment may be terminated if the results of the background check are not satisfactory.

I have received a copy of the Bonneville County Drug Free Workplace policy and agree to submit to pre-employment, random, post accident and reasonable suspicion drug and alcohol testing in accordance with the county drug free workplace policy as a condition of employment. I understand that if the results of any drug test are positive, I will have an opportunity to discuss the results with a Medical Review Officer before it is reported to the County. I further understand that a serious violation of this policy including but not limited to a positive test result, refusal to submit to drug or alcohol tests or failure to submit an adequate sample may result in withdrawal of this offer or termination of employment.

I understand that I am employed-at-will and subject to termination with or without cause or notice until such time as the probationary or introductory period indicated above has been successfully completed and final appointment has been approved by the appropriate appointing official and the Board of County Commissioners.

I understand that I am employed-at-will and subject to termination with or without cause or notice while in the above position and that any change in this status must be authorized in writing by the Board of County Commissioners.

Applicants Signature: _____

Date: _____