ALCOHOL AND/OR DRUG TEST NOTIFICATION
Controlled Substances and Alcohol Use Testing applies to Student Teachers
LYON COUNTY SCHOOL DISTRICT

COMPANY NAME AND ADDRESS: LYON COUNTY SCHOOL DISTRICT
25 E. GOLDFIELD AVE – YERINGTON, NV 89447
775-463-6800

APPLICANT NAME: (Please Print) ___________________________________________________________
FIRST M.I. LAST SSN

You are hereby notified the following test will be administered in compliance with Agreement
between Lyon County School District and your University/College

1. TEST DATE: ___________________________ TEST TIME: __________________
   LOCATION:__________________________________________________________

2. TEST TYPE: [X] ALCOHOL [X] CONTROLLED SUBSTANCE [X] PRE-PLACEMENT

3. REASON FOR TEST:
   [X] PRE-PLACEMENT [ ] RANDOM
   [ ] POST-ACCIDENT [ ] RETURN TO DUTY
   [ ] FOLLOW-UP [ ] REASONABLE SUSPICION

4. APPOINTMENT INSTRUCTIONS/COMMENTS:

   TO ALL THOSE BEING TESTED: Please have picture ID with you. Be aware that a minimum urine
   specimen amount of 45 cc’s is required in order to complete the Urine Drug Screening. You are to
   remain at the collection site until the necessary quantity is provided.

   I UNDERSTAND as a condition of my placement with Lyon County School District, the above
   identified test is required.

   ___________________________________________ ______________________________
   Student Teacher Signature Date

   ___________________________________________ ______________________________
   Witness Signature Date

Test Results are to be sent to the above address to the attention of Lyon County School District – Wayne Workman,
Director, Human Resources. Please mark “Confidential”. 