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".