EXHIBIT A

CITY OF LEAVENWORTH DRUG TESTING CONSENT FORM

(for applicants)

I.	, hereby acknowledge that the City of Leavenworth has informed
me of its drug testing policy and its d	desire to maintain a safe and productive workplace. I do hereby consent to the release of the results to those City officials with a need to know.
I understand that, as per the policy, jo employment with the City.	ob applicants who refuse to consent to a drug test, will be denied
testing procedures set out in this policy guardian is require to sign a testing con I hereby release all physicians, medic Kansas as well as the City's employe from the proper release and use of the	ployment if a positive test result is reported in accordance with the drug cy. Further, I understand that if I am below 18 years of age, my legal consent form and may be notified of my drug test results. Cal facilities, testing facilities, clinics, and the City of Leavenworth, etc., agents, officials and representatives from any and all liability arising the information discovered in my drug screen, including, but not limited to, cons regarding my employment or prospective employment with the City
Signature	Date
Witness (must be a City employee)	Date EXHIBIT B
	CITY OF LEAVENWORTH DRUG TESTING CONSENT FORM (for minors) Authorization and Acknowledgement
If the applicant is under 18 years of a	ge, a parent or legal guardian must read the statement and sign below:
APPLICANT'S NAME:	
POSITION APPLIED FOR:	
and understand that my child will und	n for the above named individual, I have read the attached consent form dergo a drug and/or alcohol test as part of the pre-employment process of d that should that screening show a positive test result, my child will not he City of Leavenworth.
Parent/Legal Guardian Signature	Date