

**CONSENT**

I hereby agree to submit to a Hair or Urine Drug Screen at the expense of the Village of Lincolnshire. I understand that my submission to the examination in no way obligates the Village of Lincolnshire to offer me employment. I further understand that the results of the examination are confidential. I authorize the persons performing the Hair or Urine Drug Screen to release to, and to consult fully with, Village personnel in regard to this test. A copy of this CONSENT may be submitted to, and relied upon by the persons selected by the Village to perform the above service.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Witness' Signature \_\_\_\_\_

**IF APPLICANT IS A MINOR, PARENT SIGNATURE IS REQUIRED BELOW**

\_\_\_\_\_ **DATE** \_\_\_\_\_