



SOUND TRANSIT DRUG-FREE CARD PROGRAM CONSENT FORM

Employee Name (Print): _____ Project Site: _____

I am familiar with my obligations under the Sound Transit Drug-Free Card Program and acknowledge the following requirements of the program:

- Use, possession or sale of controlled substances or alcohol at the Project site is prohibited. I must report any conviction for selling, using, manufacturing, or possessing controlled substances on or off the Project to my Employer and Prime Contractor (if different) within twenty-four (24) hours. A conviction for the before mentioned will cause me to be Ineligible to work on the Project at any Sound Transit location for twelve (12) months.
- Use of prescribed or over-the-counter medication is permitted if it will not affect work performance. If I intend to use a prescribed or over-the-counter medication with a label advising that the medication should not be used while operating machinery, operating a vehicle or otherwise cause impairment, I must notify my employer prior to using such substances on the job.
- I must submit to drug and alcohol testing as required by the Sound Transit Drug-Free Card Program in order to remain “Eligible” to work on the Project.
- If I have a test result determined to be a “Refusal to Test” or have a confirmed positive test result for drugs or alcohol at or above the threshold levels defined in the Sound Transit Drug-Free Card Program Administrative Guide, it will result in my being “Ineligible” to work on the Project at any Sound Transit jobsite for at least ninety (90) calendar days.
- If I have been determined to be Ineligible in the Sound Transit Drug-Free Card Program, as a condition for subsequent employment or reemployment, I will be required to complete an assessment by a professional with expertise in substance use disorders and have that professional submit a “Proof of Assessment” on my behalf (form available at www.drugfreebusiness.org/sound-transit.html). After the Proof of Assessment has been verified, I will be required to pass a Return-to-Work drug and alcohol test. If returned to work on the Project, I will also be required to complete six (6) unannounced Follow-up drug and alcohol tests during my first year of continuous employment after I return to the Project. These tests are in addition to any pre-employment, reasonable cause, post-accident and random testing required under the Sound Transit Drug-Free Card Program.

In addition to the release of test outcomes to Employers and Prime Contractors (if different) indicating whether I am “Eligible” or “Ineligible” for employment on the Project, I authorize the release of test outcomes to Sound Transit and to the appropriate Union Representative, if applicable. I am signing this acknowledgment/authorization voluntarily with full knowledge and understanding of the Sound Transit Drug-Free Card Program and I agree to be bound by the terms found in the Sound Transit Drug-Free Card Program Administrative Guide, of which my employer has made a copy available to me and I can find online at www.drugfreebusiness.org/sound-transit.html.

Employee Signature: _____ DOB: _____

Employer Name: _____ Drug-Free ID: _____

Craft: _____ Union Local#: _____

Check One: Journey Apprentice SAC I.D. #: _____