

## Pre-Employment Drug Screen Packet

---



All items noted as (\*) from the list below must be completed in its entirety and submitted with each Pre-Employment Drug Screen packet. Pre-Employment Drug Screen results will not be processed until ALL documentation has been received. Incomplete and/or inaccurate information may delay the hiring process.

Unless otherwise notated, please submit ORIGINAL forms and payment to:  
Human Resources Services

### FORM #1

#### BREVARD SCHOOL DISTRICT ANTI-DRUG FORM \*

- ✓ Complete *Donor Name*, *Donor SSN* (full number), *School/Dept#*, and *Position*
- ✓ Check the following categories: *Non-Covered Employee*, *Drug Test*, *Pre-Employment*
- ✓ Enter the Date and Time the candidate picked the packet up

PLEASE NOTE: The candidate has 24 hours from the date indicated on this form to report for drug testing. Failure to report within the allotted time frame will disqualify the candidate from employment with Brevard Public Schools.

- ✓ Enter the Chain of Custody number from the Chain of Custody form (entire 15-digit number)

### FORM #2

#### PRE-EMPLOYMENT DRUG SCREEN TESTING CONSENT AGREEMENT \*

- ✓ Give the candidate a copy of this form to read and keep.
- ✓ Candidate must initial, sign and date this form.
- ✓ This form must be witnessed with signature.

### FORM #3

#### CHAIN OF CUSTODY FORM

- ✓ Print Candidate Name and SSN clearly on form
- ✓ Check Pre-Employment under reason for test
- ✓ Send Candidate to testing site with original form
- ✓ Include a photocopy of the form in the Pre-Employment packet \*
- ✓ Give Candidate a copy of the Drug Screen Collection Site Locations

### PAYMENT

#### \$30.00 CHECK or MONEY ORDER ONLY \*

- ✓ Made payable to School Board of Brevard County  
PLEASE NOTE: There is a \$10.00 fee for all returned checks. CASH is NO LONGER an acceptable form of payment.