



City of Columbus
Department of Human Resources
90 West Broad Street, Room 311
Columbus, Ohio 43215

Checklist For Pre-Employment Testing

Human Resources Staff shall use this form when a conditional offer is made to an applicant.

- 1) After a conditional job offer is made to an applicant, a Pre-employment Testing Acknowledgement and Pre-Employment Test Form are completed.
- 2) The applicant will choose a location from available collection sites.
- 3) The applicant will have 24 hours to complete the pre-employment test, after being notified by the department/division Human Resources staff.
- 4) In extreme instances, a test can be delayed. A department/division Human Resource Manager has the authority to delay the test and therefore stop the hiring process. A new 24-hour period may be given to an applicant on the authority of the department/division Human Resource Manager.
- 5) The Pre-Employment Test Form will be sent to the vendor and the Drug and Alcohol Coordinator (DAC). Fax transmission is the preferred method at this time. Phone numbers are supplied on the Pre-Employment Testing Acknowledgement and Pre-Employment Test form.
- 6) Upon receiving a negative test result, the DAC will notify the division/department Human Resource staff as soon as possible. The preferred method of communication at this time is email.
- 7) Upon receiving a positive test result, the DAC will notify the division/department Human Resources staff immediately and follow-up with written communication.
- 8) If an applicant fails to appear for a drug test, then the applicant will be excluded from consideration for this position, but not subject to the one-year employment ban.
- 9) In the case of a positive test result, the applicant will be ineligible for employment with the City for a period of twelve (12) months.



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Pre-Employment Testing Acknowledgement

Subsequent to the date a Conditional job offer is made and prior to beginning employment, an applicant will be expected to take a drug screen. After notification, the applicant will have twenty-four hours to complete the test. Any offer of employment that an applicant receives from the City is contingent upon satisfactory completion of this screening. Positive results may be considered as a public record under law, and applicants will be removed from consideration for employment for a period of twelve months provided the applicant is certified on an eligible list and can be considered for employment pursuant to Civil Service Rules.

I, _____ hereby acknowledge that I have been informed of the policy of pre-employment testing for the City of Columbus. I understand that I have twenty-four hours to complete a drug test; that if I fail to appear for the drug test, I will be excluded from further consideration for this position, and that if I do appear for the drug test and I provide a Positive Test, I shall not be offered this position with the City of Columbus, and further, that I shall not be offered any other position with the City for a period of twelve months provided I am certified on an eligible list and can be considered for employment pursuant to Civil Service Rules. In addition, I understand that any offer of employment at this time will be withdrawn if I refuse to sign this document and/or refuse to comply with the policy of pre-employment testing.

I certify that within the past twelve months from this date, I have not had a Drug Test for the City of Columbus with a Positive result.

Initial Date

Signature Date



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WorkHealth Pre-Employment Test Form

Applicant/Employee Name: _____

Social Security Number: _____

Classification Title: _____

Position Number: _____ Appointment Date: _____

Is this position funded by the General Fund? Yes No

Checking the "yes" box indicates position is funded by the General Fund; "no" indicated position is funded with self-sustaining or enterprise funds. Completion of this box ensures proper billing

Employer Name: **City of Columbus**

Department: _____

Division: _____

Contact Name: _____

Contact Phone Number: **(614) 645-** _____

Designated Employer Representative: **Winfield T. Sapp**

PH: (614) 645-4083 FX: (614) 645-5940

Collection Site Locations: (DONOR MUST BRING PHOTO ID TO COLLECTION SITE)

WorkHealth-North, 300 Polaris Parkway PH: (614) 544-4626 FX: (614) 533-0041

WorkHealth-Downtown, 223 E. Town Street, 2nd Floor PH: (614) 544-4626 FX: (614) 533-0041

WorkHealth-Southwest, 4079 Gantz Road PH: (614) 544-4626 FX: (614) 533-0041

WorkHealth-West, 4872 Cemetery Road PH: (614) 544-4626 FX: (614) 533-0041

Please indicate the type of testing requested:

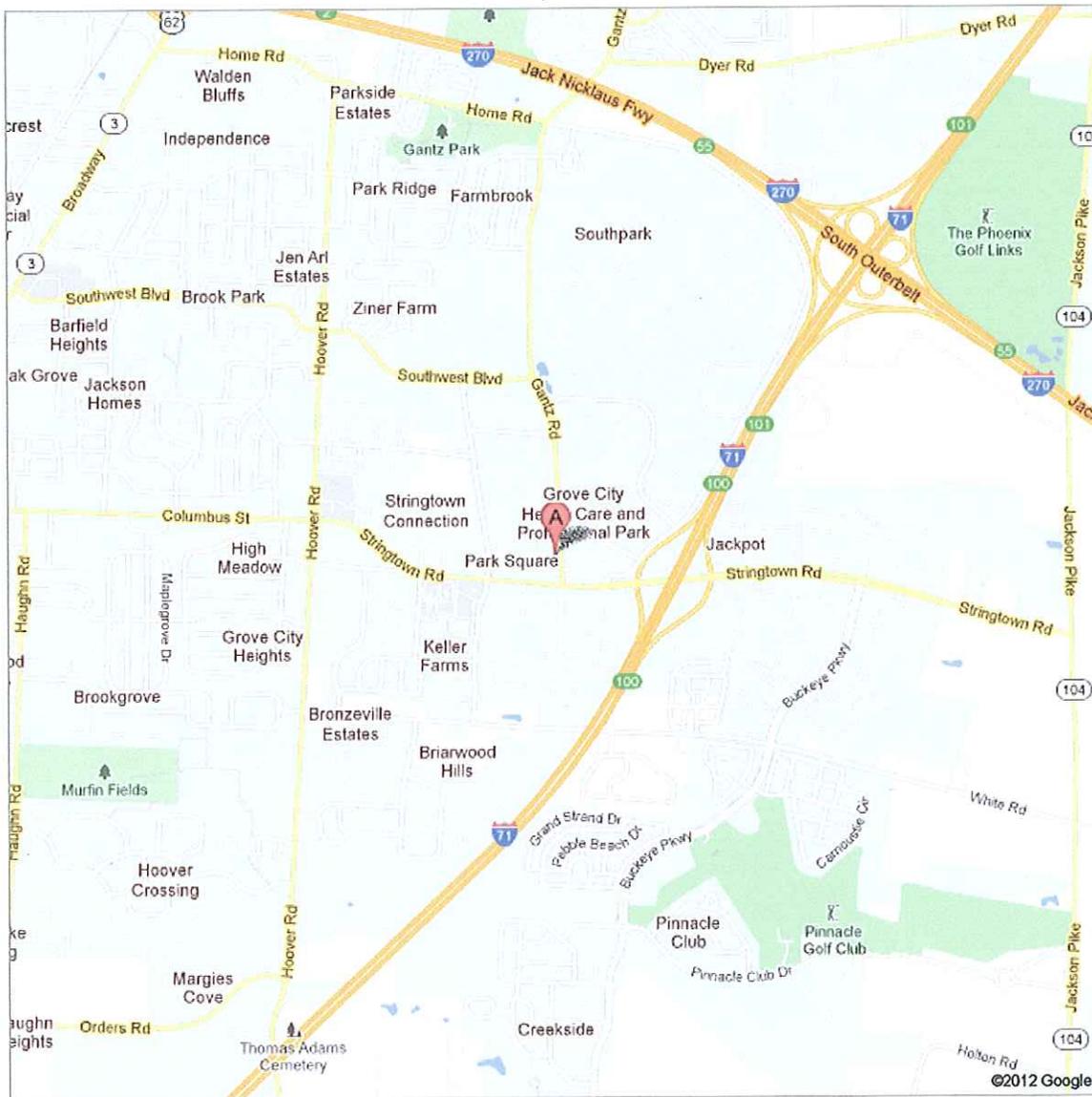
DOT Pre-employment Drug Screen (**SPLIT SPECIMEN**)

Non-DOT Pre-employment Drug Screen (**SINGLE SPECIMEN**)



Address **4079 Gantz Rd**
Grove City, OH 43123

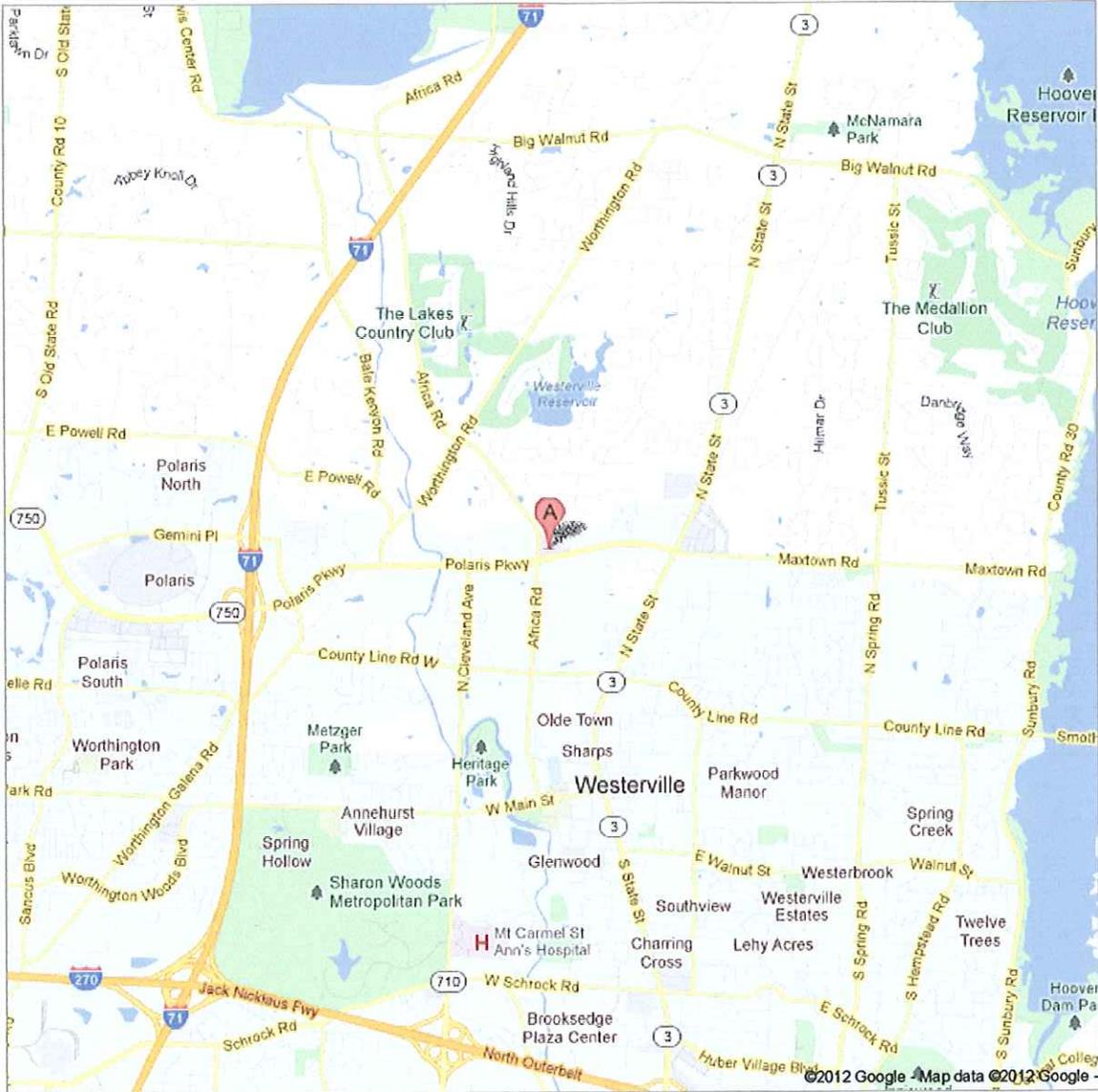
Get Google Maps on your phone
Text the word "GMAPS" to 466453





Address 300 Polaris Pkwy
Westerville, OH 43082

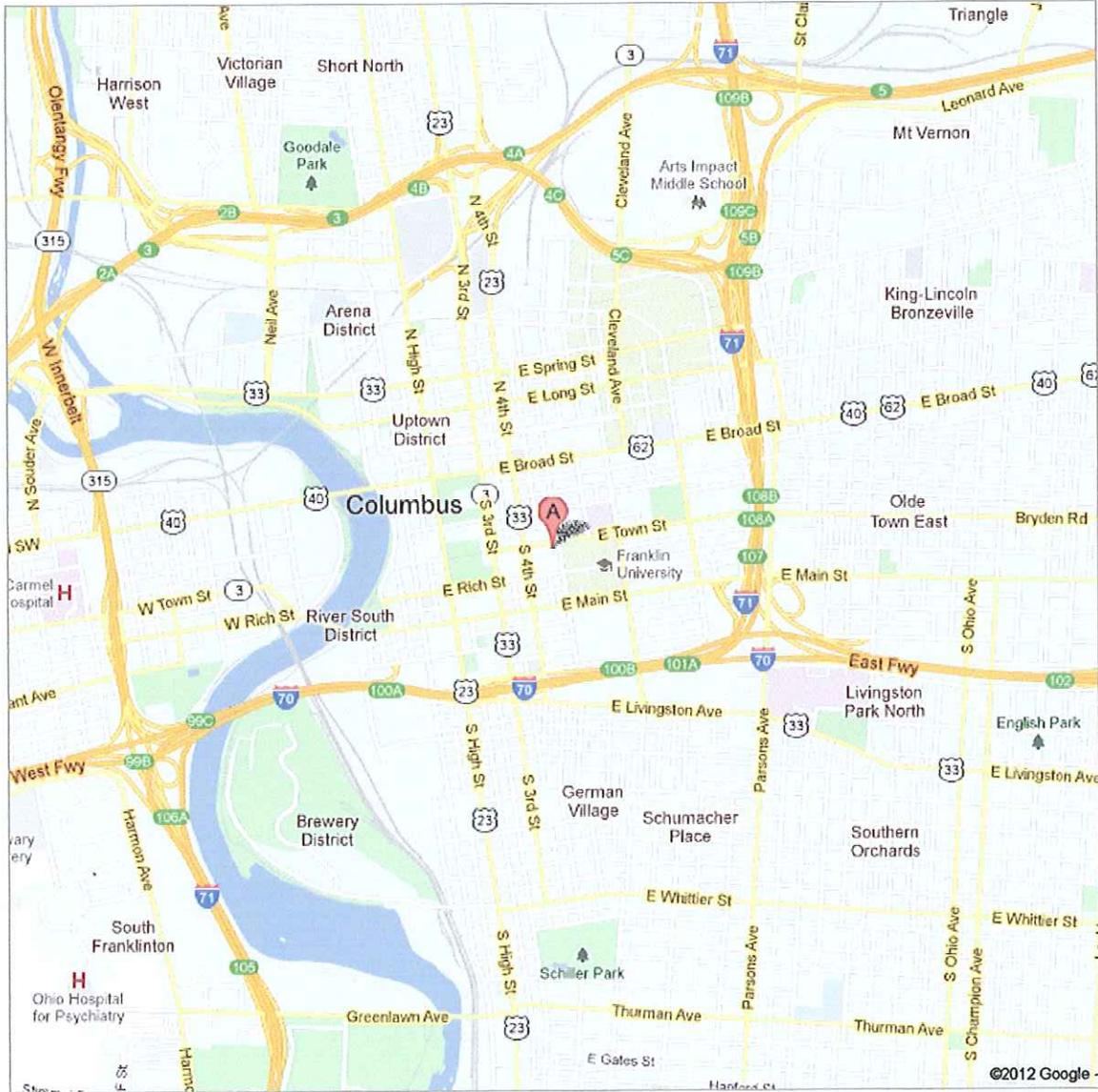
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Text the word "GMAPS" to 466453



Address 223 E Town St
Columbus, OH 43215

Get Google Maps on your phone
Text the word "GMAPS" to 466453





Address **4523 Cemetery Rd**
Hilliard, OH 43026

Get Google Maps on your phone

Text the word "GMAPS" to 466453

