

DRUG AND ALCOHOL PROGRAM AND PRE-EMPLOYMENT TESTING
ACKNOWLEDGMENT FORM

I, _____, have received a copy, read, and understand the Drug and Alcohol Testing Program policy and its supporting documents. I consent to submit to the drug and alcohol testing program as required by the Drug and Alcohol Testing Program policy, its supporting documents, and the law.

I understand that if I violate the Drug and Alcohol Testing Program policy, its supporting documents, or the law, I may be subject to discipline up to and including termination, or I may be required to successfully participate in a substance abuse evaluation and a substance abuse treatment program, if recommended by the substance abuse professional. If I am required to and fail to or refuse to successfully participate in a substance abuse evaluation or recommended substance abuse treatment program, I understand I may be subject to discipline up to and including termination.

Furthermore, I know and understand that I am required to submit to a controlled substance test, the results of which must be received by this employer before being employed by the school district and before being allowed to perform a safety-sensitive function. I also understand that if the results of the pre-employment test are positive, that I will not be considered further for employment with the school district.

I further understand that drug and alcohol testing records about me are confidential and may be released in accordance with this policy, its supporting documents, or the law.

Signature of Employee

Date