

Acknowledgment of Receipt and Understanding

Drug-Free Workplace Policy

WARNING: Read The Entire Policy Before Signing This Acknowledgment!

I hereby acknowledge that I have received and read a copy of the Drug-Free Workplace Policy, which includes a description of the drugs that may be tested. Further, I understand how to seek assistance or treatment under the Policy for a drug and/or alcohol abuse problem. I have had an opportunity to have all aspects of this material fully explained.

I understand that I must abide by the Drug-Free Workplace Policy as a condition of my employment. I understand that any violation will result in disciplinary action up to, and including termination from employment.

Further, I understand that as a condition of employment I must submit to drug and/or alcohol testing designed to detect the presence of illegal drugs or alcohol in my system. I understand that, subsequent to employment, I may be required to submit to testing on a random basis or as a result of events listed in the Policy. I have read a list of those events and understand them. I understand that my employment will be terminated if I refuse to consent to such testing, refuse to execute all forms of consent and release of liability which are normally attendant to testing, refuse to authorize release of test results to my employer, or test positive for alcohol or illegal drugs, as defined in the Policy.

I ALSO UNDERSTAND THAT THE DRUG-FREE WORKPLACE POLICY AND RELATED DOCUMENTS ARE NOT INTENDED TO AND DO NOT CONSTITUTE A CONTRACT FOR EMPLOYMENT BETWEEN THE EMPLOYER AND ME.

I HAVE READ THE FOREGOING ACKNOWLEDGMENT IN ITS ENTIRETY AND KNOW ITS CONTENTS. I HEREBY SIGN THIS ACKNOWLEDGMENT OF MY OWN FREE WILL.

Printed Name

Signature

Date

Witness Printed Name

Witness Signature