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| **Drug-Free Work Policy Acknowledgement Form** |

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| Please review the Drug-Free Work Policy by clicking the below link: Drug-Free Work Policy I have received the summary of the Drug-free Workplace Policy of the company. In addition, I understand that it is my obligation to read the Drug-free Workplace Policy in its entirety. I acknowledge that after having received the summary and/or read the Drug-free Workplace Policy, I am encouraged to contact a Supervisor or the Human Resources Director any time I have uncertainty about the policy. I understand that I am required to follow that policy. I also understand that failure to comply with this policy is the basis for discipline, up to and including termination. |
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| https://cdn01.icims.com/20050907141207/images.icims.com/images/customers/check_on.gif **Signature**  (checking the checkbox above is equivalent to a handwritten signature) |