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

|  |
| --- |
| 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. |
|  |
| https://cdn01.icims.com/20050907141207/images.icims.com/images/customers/check_on.gif **Signature**   (checking the checkbox above is equivalent to a handwritten signature) |