

**DRUG AND ALCOHOL TESTING PROGRAM
PRE-EMPLOYMENT DRUG TEST ACKNOWLEDGMENT FORM**

I, _____, have been informed of the requirement to submit to a drug test prior to being employed by the School District to perform a safety-sensitive function. 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 the results of my drug test will be shared with the school district. I also understand that if I have a positive drug test result, I will not be considered further for employment with the School District.

I further understand that the drug and alcohol testing records and information about me are confidential, and may be released at my request or in accordance with the law.

Signature of Applicant

Date