

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 is confidential, and may be released at my request or in accordance with the law.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)