

**Code No. 403.7E6 DRUG AND ALCOHOL TESTING PROGRAM PRE-EMPLOYMENT  
DRUG TEST ACKNOWLEDGMENT FORM**

I, \_\_\_\_\_(Name of Applicant) , have been informed of the requirement to submit to a drug test

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.

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(Signature of Applicant)

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(Date)