

WASHOE COUNTY SCHOOL DISTRICT

Receipt of Policy Pre-Employment Test Previous Testing Driver Awareness Program Signs Toward Drug Dependence

I acknowledge that I received a copy of WCSD's CFR 49 Part 382 Alcohol and Drug Testing School Board Policy and Administration Regulation. I have read the policy and regulation in its entirety, understand it, and will comply with its requirements.

I certify that I have submitted to a WCSD drug test.

I understand that the Washoe County School District will pay the Acadia Medical Group for my pre-employment drug/alcohol test. I further understand that if I do not work for the Washoe County School District for a minimum period of nine (9) months (summer months excluded), the cost of the tests will be deducted from my last payroll check.

I understand that if the District does not receive from my previous employers the results of my previous alcohol/drug test(s) within 30 days of my first day of employment, I may be placed on leave without pay pending receipt of such.

I acknowledge that in the alcohol and drug awareness program, I received a copy of Signs Toward Drug Awareness, and was provided information on the dangers of substance abuse in the workplace; the effects and consequences of alcohol and drug use on personal health, safety and the work environment; physiological and psychological aspects of chemical dependency; recognition of the warning signs that indicate alcohol and drug use or abuse; education to how **NOT** to support, cover up or make excuses for a fellow driver abusing alcohol or drugs; and available treatment and recovery options.

Employee Name (Please Print)

Employee Signature

Date

Position

cc: Alcohol and Drug Testing Manager