

CPCN _____

Company Name: _____

SUBSTANCE ABUSE POLICY ACKNOWLEDGEMENT FORM

I have been informed that as a condition of any offer of at-will employment or as a condition of my continued at-will employment, I must submit to urine, hair and/or blood screening test and I accept this condition.

I agree that _____, a drug testing facility, is authorized by me to provide the results of this test(s) to _____.

I understand that if I fail to cooperate with testing procedure, or in the case of a positive test result, my employment may be terminated.

I have been issued a copy of the Substance Abuse Policy in effect. I understand that adherence to this policy is a condition of my at-will employment.

I have read and accept the above policy as a condition of my employment with

Company Name

Applicant/Employee

Date

Employer's Signature

Date