

**Gooding Joint School District No. 231**

**PERSONNEL**

**5320F1**

Drug and Alcohol Abuse Testing Acknowledgment

I have read and been informed about the content, procedures, and expectations of the Drug and Alcohol Abuse Testing Policy and Procedures. I have received a copy of the policy and procedures and agree to abide by the guidelines as a condition of employment and continuing employment by the District.

I understand that if I have questions, at any time, regarding the Drug and Alcohol Abuse Testing Policy and Procedures, I will consult the Superintendent or designee.

I understand that refusal to sign this document constitutes a refusal to test and the Superintendent will follow the Drug and Alcohol Abuse Testing Policy and Procedures regarding a refusal to test in accordance with Board policy and state law, which may result in a withdrawal of my application for employment and/or dismissal from employment.

\_\_\_\_ (Check if Applicable) As a school bus driver or other employee subject to Federal Regulations for commercial vehicle drivers, I have received, read, and understand District policies and federal regulations relating to drug and alcohol testing for bus drivers and commercial vehicle drivers.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Employee Printed Name

\_\_\_\_\_  
Date

Policy History:

Adopted on: April 9, 2013

Revised on: