

DRUG/ALCOHOL POLICY

We are a Drug-Free Workplace. I understand that refusal to submit to any drug and/or alcohol testing or a positive test result; is grounds for termination. Drug testing includes pre-employment, reasonable suspicion, and post-accident. I authorize the release of test results to my employer and/or on post-accident tests to Workers Compensation Insurance Carrier. Refusal to release these results is grounds for termination.

I _____ have read and understand this policy and will abide.

Employee Name: _____

Signature: _____ Date: _____

Witness Name: _____

Signature: _____ Date: _____