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**DRUG & ALCOHOL TESTING FOR EMPLOYEE POLICY**

**EMPLOYEE ACKNOWLEDGEMENT FORM**

As an applicant or and employee, I hereby acknowledge that I have received a copy of the Hancock County Board of Education Drug and Alcohol Testing for Employees Policy. I have carefully read and understand the requirement of this policy and agree without reservation to follow this policy.

As an applicant or employee, I am aware that my offer of employment or continuation of employment is conditional upon the results of the pre-employment drug test results, or a random selection or probable cause drug test result. As an employee, I am aware that I may be required to undergo drug and/or alcohol testing, that I will be informed prior to testing, and that I am subject to dismissal if I refuse to submit to testing.

I authorize the designated laboratory to report all results to Tennessee Health Trans/or the designated MRO. I authorize Tennessee Health Trans and the designated MRO to release test results to my employer.

I authorize the designated company officials to release any test related information, including positive results to the Unemployment Compensation Commission or other Government Agencies investigating my employment or termination thereof.

This policy may be revised at any time with written notification.

\_\_\_\_\_  
Signature of Applicant/Employee

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Date

\_\_\_\_\_  
Designated Official

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date