

**— ACKNOWLEDGMENT —**  
**DRUG AND ALCOHOL TESTING POLICY**

I have received a copy of the Drug and Alcohol Testing Policy of Independent School District No. \_\_\_\_\_,  
\_\_\_\_\_, Minnesota and have read it in its entirety.

The District's policy was provided to me:

- G      Upon adoption of the policy. (employee).
- G      Upon my hire. (job applicant/new employee).
- G      After receipt of my conditional job offer, before any testing if my job offer is contingent upon my passing of drug and alcohol testing. (job applicant).

Dated: \_\_\_\_\_

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

\_\_\_\_\_  
*Typed or Printed Name*