

**— PRETEST NOTICE —**

I the undersigned employee/job applicant of Independent School District No. \_\_\_\_\_, \_\_\_\_\_, Minnesota ("School District") do hereby acknowledge that I have been provided a copy of the School District's Drug and Alcohol Testing Policy.

Date: \_\_\_\_\_  
\_\_\_\_\_ *Signature of Employee/Job Applicant*

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

**ELEMENTARY – GAYLORD**  
625 Harvey Drive  
P.O. BOX 356  
GAYLORD, MN 55334  
(507) 237-5511  
FAX (507) 237-3300

**BUSINESS OFFICE**  
202 3<sup>RD</sup> AVE. N.W.  
P.O.BOX 1000  
ARLINGTON, MN 55307  
(507) 964-8227

**Middle School/High School – ARLINGTON**  
208 West Douglas St.  
ARLINGTON, MN 55307  
(507) 964-2292  
FAX (507) 964-8245