**Pre- Testing Acknowledgement**

**Acknowledgment of Drug & Alcohol Policy**

In accordance with the requirements of 4 Point 0 School Services of Rockford, Inc., and in anticipation of any future drug and alcohol test, I hereby acknowledge that I have read and understand the Drug & Alcohol Testing Policy of 4 Point 0 School Services, Inc., and am aware that it applies to any employee or applicant, including myself. I am also aware that I may obtain from the terminal manager (who is the program manager of the policy) other information regarding the signs & symptoms of an alcohol and/ or drug problem & available methods of intervening when an alcohol or drug problem is suspected. This information is available to all employees upon request.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee or Job Applicant

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Printed Name