



I have received information about the Company's drug and alcohol testing program, and I understand the Company's policy on drug and alcohol testing.

I understand that information derived from this test will be used by the Company to make decisions regarding employment or disciplinary action.

I hereby authorize the release of my drug and alcohol test results to the testing contractor.

Acknowledgment of Receipt of Written Policy and Opportunity to Ask Questions

I acknowledge receipt of the written policy and opportunity to ask questions about its drug and alcohol testing program. I acknowledge my right to ask questions about its drug and alcohol testing program, and that I may do so at any time.

Employee Signature: _____

Witness Signature: _____

Employee Information:

NAME: LN AMOS
FN RAHEEM RASHEED
ADDRESS: 1414 COOLIDGE DR.
CITY: WOODLAND, CA 95776
SEX: M
HAIR BLK EYES BLK
HGT: 6'-00" WGT: 160 lb
ISSUE DATE: 06/27/2023
EXPIRE DATE: 04/19/2027
CLASS: C
END: NONE
RSTR: NONE