

**Board Policy Manual
Dallas Center-Grimes Community
School District**

Exhibit 403.06-E(2): Drug and Alcohol Testing Program - Acknowledgement Form

Status: ADOPTED

Original Adopted Date: 02/01/2022 | **Last Revised Date:** 09/16/2022 | **Last Reviewed Date:** 09/16/2022

See PDF on the next page.

Exhibit DRUG AND ALCOHOL TESTING PROGRAM ACKNOWLEDGEMENT FORM

1. I, _____, have received a copy, read and understand the Drug and Alcohol Testing Program policy of the Dallas Center-Grimes Community School District and its supporting documents.
2. Consent to Dallas Center-Grimes CSD to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse.
3. I understand that Dallas Center-Grimes CSD may conduct multiple limited queries over the duration of my employment.
4. I understand that if I refuse to provide consent for Dallas Center-Grimes CSD to conduct a limited query of the Clearinghouse, Dallas Center-Grimes CSD must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.
5. I understand that if I violate the Drug and Alcohol Testing Program policy, its supporting documents or the law, I may be subject to discipline up to and including termination.
6. I understand that I am required to submit to a controlled substance (drug) test, the results of which must be received by this employer before being employed by the school district and before being allowed to perform a safety-sensitive function.
7. I understand that if the results of the pre-employment test are positive, that I will not be considered further for employment with the school district.
8. I further understand that drug and alcohol testing records and information about me are confidential, and may be released at my request or in accordance with the district's drug and alcohol testing program policy, its supporting documents or the law.

Employee Signature

Date

Date of Birth _____

Drivers License Number _____ State of Issuance _____