

**DRUG AND ALCOHOL TESTING PROGRAM  
PRE-EMPLOYMENT DRUG TEST ACKNOWLEDGMENT FORM**

**NO. 405.8  
Exhibit G**

I, \_\_\_\_\_, have been informed of the requirement to submit to a drug test prior to being employed by the Burlington Community School District to perform a safety-sensitive-function. I consent to submit to the drug and alcohol testing program as required by the Drug and Alcohol Testing Program policy, its supporting documents and the law.

I understand that the results of my drug test will be shared with the district. I also understand that if I have a positive drug test result, I will not be considered further for employment with the district.

I further understand that the drug and alcohol testing records and information about me are confidential and may be released at my request or in accordance with the law.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Approved: 07/28/03

Reviewed: 04/25/16  
11/12/18  
08/07/23

Revised: \_\_\_\_\_