

# Alcohol and Drug Free Workplace Policy

**Acknowledgment Form**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, an employee of Mitchell Community College,

(print name)

hereby certify that I have received a copy of the Mitchell Community College Drug Free Workplace Policy. I realize that as a condition of employment I must abide by the terms of this policy. I further realize that federal law mandates that the College communicate violations of this policy to the appropriate federal agency, and I hereby waive any and all claims that may arise for conveying this information to the appropriate agency. If I have questions regarding this policy, I may contact the College's Equal Employment Officer or my supervisor.

I also attest that I have received no major vehicle convictions in the last year and my North Carolina Driver’s License is valid.

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Employee's signature Date