

Printed Name: \_\_\_\_\_

## **DRUG AND ALCOHOL POLICY** **ACKNOWLEDGMENT AND RELEASE**

I acknowledge that I have been provided a copy of DePelchin's Drug and Alcohol Policy (the "Policy"). I understand that a violation of this Policy may result in the revocation of my employment offer from or the immediate termination of my employment with DePelchin.

I understand that unannounced searches may be conducted of my person, and my personal effects, including my vehicle, for the purpose of determining whether drugs, alcohol, or paraphernalia or equipment related to illegal or unauthorized drug or alcohol use, are in my possession while on DePelchin's premises, while operating any DePelchin vehicle or equipment, or while conducting DePelchin business.

I am aware that DePelchin will conduct urinalyses, or other tests for the purpose of determining if I am in violation of this Policy. These tests may be used in the following situations: (a) testing based on reasonable cause or suspicion, (b) random or periodic testing, (c) testing following an accident or incident involving injury or property damage, and (d) testing that is consistent with the enforcement of this Policy.

I give my consent to DePelchin or its authorized representative to search my person, vehicle, or personal effects, and to conduct a urinalysis, blood test, or other test for the purpose of determining my use or possession of these illegal, controlled, or unauthorized items or substances and compliance with this Policy.

I authorize the physician, nurse, or laboratory technician who conducts these tests to release the results of my tests, as well as other information or documents related to my drug and/or alcohol tests, to DePelchin for the purpose of determining if I am in violation of DePelchin's Drug and Alcohol Policy.

I RELEASE AND AGREE TO HOLD HARMLESS DEPELCHIN, ITS OFFICERS, EMPLOYEES, AGENTS, AND INDEPENDENT CONTRACTORS, FROM ANY LIABILITY TO ME BASED ON ANY SEARCH OR DRUG OR ALCOHOL TESTING PROCESS UNDERTAKEN PURSUANT TO THE POLICY, THE RESULTS OF THE SEARCH OR PROCESS, OR ACTIONS TAKEN BASED ON THOSE RESULTS. THIS RELEASE INCLUDES, BUT IS NOT LIMITED TO, LIABILITY BASED ON NEGLIGENCE.

I understand that this Acknowledgment and Release becomes effective on the date it is signed and will continue to be effective unless revoked in writing and delivered to the Human Resources Department.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**Please return your completed form to Lauren Brezger  
via email ([lbrezger@depelchin.org](mailto:lbrezger@depelchin.org)).**