

EMPLOYEE ACKNOWLEDGEMENT FORM

I, \_\_\_\_\_, hereby acknowledge that the Substance Abuse Policy of the Town of Liberty has been reviewed and explained to me.

I further acknowledge the following:

1. I have been notified that the unlawful manufacture, distribution, dispensation, possession or use of alcohol, drugs or other controlled substances is prohibited in the Town of Liberty's workplace, and that violations of these prohibitions will subject me to disciplinary action under the policy.
2. That I will abide by the Town of Liberty's Substance Abuse Policy.

I understand that the above in no way creates an obligation or contract of employment and that I, as well as the Town of Liberty, have the right to end the employment relationship at any time.

Employee Name \_\_\_\_\_  
(Please print)

Social Security # XXX – XX - \_ \_ \_ \_

Date \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Witness