

**PRE-EMPLOYMENT DRUG FREE WORKPLACE POLICY
ACKNOWLEDGMENT AND DRUG TESTING AGREEMENT**

I, _____, understand that Weber County is committed to providing a drug free work environment which ensures safety and encourages the personal health and productivity of its employees. I hereby acknowledge that I have been notified of Weber County's Drug Free Work Place Policy and that I have been given a copy of that policy to read. I have been notified that said policy requires that I undergo and successfully pass a drug test as a condition precedent to my employment. Further, I understand that while I am employed by Weber County I may be subject to drug testing under certain circumstances which are specified in the Drug Free Work Place Policy.

I hereby acknowledge and agree that my employment is conditional upon successfully passing the drug test. I agree to report for a drug test at WorkMed, 1355 West 3400 South, Ogden, Utah, within 24 hours of my receipt of the Authorization for Medical Treatment form provided to me by the Weber County Human Resources Department.

I understand and agree that if I do not successfully complete the drug test within 24 hours of receiving the authorization for medical treatment form, that I may lose the position that has been conditionally offered to me.

Employee Signature	Date	Time

Witness Signature