



I _____ understand
(Print your name)
that, as a condition of employment, I will be subject to
random drug and alcohol testing in according with
Personnel Policy 5.07.

*Drug and Alcohol Testing for Commercial Motor Vehicle
Operators, if I am employed in a position which requires a
commercial driver's license (CDL), OR Personnel Policy
5.03, *Drug and Alcohol Testing for New Castle County
Employees.**

Signature

Date