

ATTACHMENT A
Brainerd School District #181

PRETEST NOTICE

I the undersigned employee/job applicant of Independent School District No. 181, Brainerd, Minnesota do hereby acknowledge that I have been provided a copy of the School District's Drug and Alcohol Testing Policy.

Date: _____

Signature of Employee/Job Applicant

Typed or Printed Name

Employee Name _____

Employee Address _____

RE: Drug and/or Alcohol Test

Date of Testing _____