

# **Applicant Acknowledgement of Drug Test Requirement**

I understand that as part of my application for employment I must successfully complete a drug test. I understand that a negative test result is a condition of employment with the SoCoCAA Senior Center Program.

I also certify that I have not tested positive or refused to test for any pre-employment drug/alcohol test within the last two (2) years.

---

Print Name

---

Signature of Applicant

---

Date