

DEPARTMENT OF EDUCATION

Personnel Services Division

Condition of Employment Drug Screening Requirement

I, _____, agree to accept immediate employment as _____ pending submission within thirty (30) days from the date of employment evidence of successful drug screening test results. If my drug screening shows evidence of a positive test result, I agree that I shall be subject to immediate termination from employment with the Department of Education even without notice.

Print Name of Selected Applicant

Signature of Selected Applicant

Date: _____

Name of Personnel Staff Witness

Signature of Personnel Staff

Date: _____