



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 SUCAP 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

Please email this completed form to hr@sucap.org – a signature is requested during orientation.