

**DRUG & ALCOHOL TRAINING
PACKET
DRIVER'S ACKNOWLEDGEMENT**

I certify that I have received a copy of the **Diocese of Evansville's** drug and alcohol training packet that explains the drug and alcohol testing requirements contained in CFR 49 Part 382 of the Federal Motor Carrier Safety Regulations, as well as procedures to follow in order to give a reasonable suspicion drug or alcohol test to a driver. I understand that as a condition of employment, I must comply with the guidelines, and do agree that I will remain medically qualified by following these procedures. If I develop a problem with drug and/or alcohol abuse during my employment with the **Diocese of Evansville**, I will seek assistance through the current drug and alcohol testing program administrator/DER.

Signature

Date