



Montgomery County
Public Schools

ALCOHOL AND DRUG-FREE WORKPLACE ACKNOWLEDGMENT FORM

As a condition of my employment with Montgomery County Public Schools, Virginia, I certify the following:

- 1) I am aware of the school division’s Policy 5-3.1 pertaining to an alcohol and drug-free workplace including illegal and/or prohibited acts. I understand that I may be dismissed for any violation of this regulation, even if it is a first offense.

- 2) I am aware that I am required to notify the Human Resources Director if I am convicted by a federal, state, or local court of violating 1) a criminal drug law, based on or off the workplace site, or 2) an alcoholic beverage control law or law which governs driving while intoxicated.

- 3) I am aware that notification must be in writing and must be made no later than five (5) calendar days after such conviction. (Appealing the conviction does not affect the requirement to notify the Department of Human Resources of the conviction).

First Name	MI	Last Name	Suffix
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Employee ID _____ or Last 4 Digits of SSN _____

_____ Employee’s Signature	_____ Date
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REV: 06/2015