

**GOVERNOR WENTWORTH REGIONAL SCHOOL DISTRICT
TRANSPORTATION DEPARTMENT**

**SCHOOL BUS DRIVERS AND CONTRACTED CARRIERS
ACKNOWLEDGEMENT OF MANDATORY DRUG AND ALCOHOL TESTING**

I _____ certify that I have received, read, and
(Print)

understand the Governor Wentworth Regional School District Transportation Department Drug-Free Employment Policy (**EEAEA**) and Regulation (**EEAEA-R**), and I will abide with all requirements of this policy and regulation should I be employed by the Governor Wentworth Regional School District Transportation Department.

Signature

Date

Adopted: 01/08/2024