

**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

This Administrative Form accompanies:  
Policy **EEAEA: Revised 01/08/2024**