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APPLICANT'S ACKNOWLEDGMENT OF
DRUG AND ALCOHOL POLICY

I acknowledge that I have received a copy of the Company's Drug and Alcohol Policy and further acknowledge the following:

- I understand that it is my responsibility to read the policy and that I may address any questions about the policy to Human Resources.
- I understand that I may be required as part of my application for employment to submit to pre-employment drug testing.
- I further understand that if I test positive or refuse to undergo a test upon request by the Company or if I tamper or attempt to tamper with the test or results in any way, I will not be hired by the Company; and, if I have been hired, I may be terminated.
- I also understand that if I am hired and if I violate any of the provisions of the Company's Drug and Alcohol Policy and/or if the results of the alcohol and/or drug testing indicate that I may have violated the Company's Drug and Alcohol Policy, I will be subject to disciplinary action, up to and including immediate termination of employment.

Applicant's Name (please print)

Applicant's Signature

Date