



**CITY OF PITTSBURG  
SUBSTANCE AND DRUG TESTING  
ACKNOWLEDGMENT FORM**

By my signature below, I acknowledge that I have read and understand the policies and procedures of the City of Pittsburg Substance Abuse and Drug Testing Program.

I understand that the use, possession, sale, or distribution of alcohol, drugs, or controlled substances in the workplace is strictly prohibited. I also understand that the presence of such substances in my system during work hours places unacceptable risks and burdens on the safe and efficient operation of the City and, consequently, is strictly forbidden.

Specifically, I understand and agree to undergo substance (alcohol and other drug) screening of my blood, urine, breath, saliva, or otherwise prior to assuming employment. I further understand and agree that while employed, upon reasonable suspicion, or if I am involved in an accident or safety incident, I will be subject to further substance screening or face disciplinary consequences, up to and including loss of employment. I also understand in connection with the City's substance abuse program, that certain areas, such as my work area, desk, files, City of Pittsburg vehicle or equipment, lunch box, wallet or purse, and outer clothing may be subject to inspection for contraband, including alcohol and other drugs, while on City property.

I further understand that counselors are available through The City of Pittsburg's Counseling Assistance Policy (510) regarding substance abuse, including possible referral to other rehabilitation programs.

I fully understand that my cooperation with, and adherence to, the City's policies and procedures regarding substance abuse are conditions of my continued employment, and that if I violate, am insubordinate, or refuse to cooperate with any of these policies and procedures, I am subject to discipline, up to and including termination.

I understand that the contents of this acknowledgment in no way creates an obligation or contract of employment and that I, as well as the City of Pittsburg, has the right to end the employment relationship at any time.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Employee Name