## DRUG & ALCOHOL PROGRAM AND PRE-EMPLOYMENT TESTING WRITTEN CONSENT TO SHARE INFORMATION

I,, understand that as part	of my employment in a position that requires a commercial
driver's license in the Edgewood-Colesburg Community S	chool District, I grant consent for the District to conduct
queries of the Federal Motor Carrier Safety Administration	n ("FMCSA") Commercial Driver's License Drug and
Alcohol Clearinghouse to determine whether drug or alcohol violation information about me exists in the	
Clearinghouse. I further consent to the District sharing inf	formation related to my drug and alcohol testing results with
prior, current and future employers, as well as the FMCSA	Clearinghouse in accordance with state and federal laws.
I understand that the District will check and perform queri-	
	mmercial driver's license. I further understand the District
will check and perform queries of my testing results annually and is required to report any drug and alcohol violations	
of this policy to the FMCSA Clearinghouse.	
I understand that I am not required to consent to the query	of the FMCSA Clearinghouse or the District sharing of drug
and alcohol testing information with past, present or future employers or the FMCSA Clearinghouse; but that without my consent I understand I will be prohibited from performing safety sensitive functions, including driving a	
I hereby give my consent to the District to perform queries	s of the FMCSA Clearinghouse and share my drug and
alcohol testing results with past, present and future employ	vers, as well as the FMCSA Clearinghouse.
(Signature of Employee)	(Date)

Adopted: 7/14/2019 Reviewed: 5/17/2021

Revised: