Employee Declaration and Drug/Alcohol Prohibition Acknowledgement

Employee Declaration

Instructions: Print name, select “have” or “have not” statement, list details if necessary, and sign.

I, _____________________________________, do swear that I have been convicted, or am under current indictment, or have had substantial evidence of involvement in criminal activities involving:

I, _____________________________________, do swear that I have not been convicted, nor am I under current indictment or had substantial evidence of involvement in criminal activities involving:

- Violence against a person;
- Child abuse or neglect;
- Possession, sale, or distribution of illegal drugs;
- Sexual misconduct;
- Gross irresponsibility or disregard for the safety of others;
- Serious violations of accepted standards of honesty or ethical behavior; or
- Any case of child abuse or neglect substantiated by the Division of Family Services or the respective responsible entity in any other state or country.

I understand that my failure to disclose any of the above information may be grounds for immediate termination or removal from assigned duties. I also understand that any subsequent criminal charges or substantiated child abuse or neglect incidents will be used to determine my suitability for working with children and youth.

If you have been involved in any of the above circumstances, please explain here (attach additional pages if necessary).

_________________________________________  ______________________________
Employee Signature                             Date

_________________________________________  ______________________________
Witness Signature                               Date

Drug/Alcohol Prohibition Acknowledgement

I, _____________________________________, acknowledge that the use of alcohol or a drug that could adversely affect my essential job functions, or unlawful possession, manufacture, or distribution of alcohol or drugs, or possession of a controlled substance is prohibited in the work place.

_________________________________________  ______________________________
Employee Signature                             Date

_________________________________________  ______________________________
Witness Signature                               Date

Revised 6/17/15