

**The University of Alabama
Division of Financial Affairs
Drug Screening Form**

By signing this form, I certify that I am aware that the position for which I have applied is subject to the Financial Affairs Drug Screening Policy. I am aware that the policy is located on the internet at http://hr.ua.edu/empl_rel/policy-manual/pre_employment_drug_screening.htm. I agree, as a condition of employment at The University of Alabama, to be bound by the terms, conditions and provisions of this policy.

I am aware that should I be offered the job for which I am interviewing, it will be a conditional job offer and that I must submit to the drug screen within 3 working days and pass the drug screen in order to proceed in the hiring process. I understand that if I fail to submit to or pass the drug screen, the conditional job offer will be revoked and I will not be eligible for consideration for any other positions covered by this policy at The University of Alabama for a period of one year.

I understand that I must be able to provide a current, valid picture ID in order to participate in the drug screen process.

Applicant Name (Please Print)

Signature

Date