

ACKNOWLEDGEMENT OF RECEIPT

OF

DRUG-FREE WORKPLACE POLICY

Signing this form acknowledges that the employee has received a copy of the Company's Drug-Free Workplace Policy, has had the opportunity to discuss the Policy and have questions answered, and understands all of the provisions in the Policy. Although it reflects the Company's current Policy regarding substance use, it may be necessary to make changes from time to time to best serve the needs of our organization. However, any changes deemed necessary will be made in writing, and the modified Policy will be shared with every employee.

By my signature below, I acknowledge that I have received a copy of the Drug-Free Workplace Policy of DelliQuadri Lawn Maintenance and Landscaping, Inc. I understand that it is my obligation to read, understand and comply with the procedures and provisions contained within this Policy

Date Signed

Employee's Signature

Witness Signature

Printed Name of Employee

CONSENT & RELEASE FORM FOR EMPLOYEES/APPLICANTS

I, _____, (applicant or employee name), as an employee/applicant of **DelliQuadri Lawn Maintenance and Landscaping, Inc.** (Hereafter, the "Company"), hereby acknowledge that the Company's policy requires me to submit to urine drug testing and/or breathe alcohol testing.

I further understand that the purpose of this analysis is to determine or rule out the presence of non-prescribed or prohibited dangerous controlled substances in my system.

I hereby freely and voluntarily consent to this request for a urine sample and/or breathe alcohol test, and agree to participate in the testing program.

I hereby and herewith release the Company, its employees, agents and contractors from any and all liability whatsoever arising from this request for testing, from the actual testing procedures, and from decisions made concerning my application for or continuation of employment based on the results of the analysis.

I agree to cooperate in all aspects of the testing program.

I hereby authorize the release of my drug and/or alcohol test results to the contractor's Medical Review Officer (MRO), and/or to the Company's examining physician, as provided by the Company's Policy.

I further acknowledge that the Company has provided me with an opportunity to ask questions related to its drug and alcohol testing program and that all my questions have been answered.

Employee/Applicant Signature

Date

Employee/Applicant Printed Name:

Witness Signature and Printed Name: