

Workforce Development Board of Solano County's
Drug Free Workplace Certification

Name of Agency/Firm _____

The agency named above hereby certified compliance with the Drug Free Workplace Act of 1998. The above named agency will:

- A. Publish a statement notifying employees that unlawful manufacturing, distribution dispensation, possession, or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations.
- B. Establish a Drug Free Awareness Program to inform employees about all of the following:
 - 1. The dangers of drug abuse in the workplace;
 - 2. The agency's policy of maintaining a drug free workplace;
 - 3. Any available counseling, rehabilitation, and employee assistance programs; and,
 - 4. Penalties that may be imposed upon employees for drug abuse violations.
- C. Ensure that every employee who works in the proposed contract or grant:
 - 1. Will receive a copy of the agency's drug free policy statement; and,
 - 2. Will agree to abide by the terms of the company's statement as a condition of employment on the grant contract.

Certification

I certify that I am duly authorized legally to bind the Contractor to the above-described certification. I am fully aware that this certification, executed on the date below is made under penalty of perjury under the laws of the State of California.

Contractor Signature

Date

Title

Federal Tax I.D #