



Metro 1 Home Healthcare Service, Inc.

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3010 Bordentown Ave,

Suite B5

Parlin NJ 08859

Tel: 732525-3600 Fax: 732-525-0001

EMPLOYEE NAME: _____ DATE _____

DRUG AND ALOCOHOL POLICY AGREEMENT

It is the policy of Metro 1 Home Healthcare Services Inc. that all employee be free of the influence of alcohol and drugs. All employee must be fit for the duty physical and mentally, as is necessary to perform work in safe competent manner. Possession trading, manufacture and sale of illegal drugs or alcohol on the job are therefore a violation of this policy. Also, it is a violation of this policy to work under the influence of illegal drugs or alcohol. Violations of this policy are subject to disciplinary action up to and including termination.

ACKNOWLEDGEMENT

I _____ certify that I am not under the influence of drugs or alcohol, nor will I use or posses in anyway controlled substance (marijuana, heroin, cocaine, crack, etc.) b I understand that these examples do not cover all control substances. Failure to comply with this agreement may result in termination of my employment w8ith metro 1, I have been briefed and fully understand Metro 1 drug and alcohol policy and I agree to fully comply with the provisions herein.

Employee Signature

Date