

**Acknowledgement of Receipt and Review of
FDLE Policy 3.4, Standards of Member Conduct
FDLE Drug Free Workplace/Drug Screening**

I HEREBY ACKNOWLEDGE that I have received a copy of FDLE Policy 3.4, Standards of Member Conduct. I have reviewed and understand the conditions, limitations, restrictions, obligations of compliance, and the rights and privileges provided therein.

Please initial next to each statement below to acknowledgement receipt and review of the referenced section of policy.

_____ I have read the *Appearance and Grooming* section of Policy 3.4 and understand the general and specific prohibitions on tattoos, piercings and hair coloring.

_____ I have read the *Drug Free Workplace/Drug Screening* section of Policy 3.4 and understand the general and specific prohibitions regarding the illegal use of drugs while employed by FDLE and understand that I must undergo drug testing prior to employment with FDLE.

Printed Name

Signature

Date

Signature Witnessed By:

Printed Name

Signature

Date

Note: The executed original to be retained in applicant's/member's personnel file. A copy will be filed within the applicant's/member's background file.