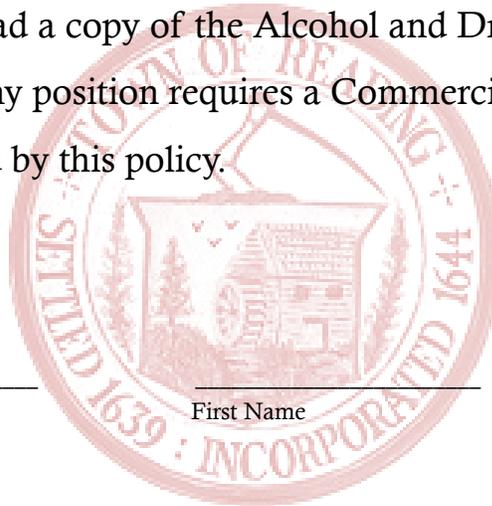


Town of Reading

Alcohol and Drug Testing Receipt

I have received and read a copy of the Alcohol and Drug Testing Policy and understand that my position requires a Commercial Drivers' License therefore I am covered by this policy.



(Print) Last Name

First Name

Middle Initial

Signed

Date

Department

