

**ANTIDRUG AND ALCOHOL MISUSE PREVENTION PROGRAM**  
**PRE-EMPLOYMENT LETTER**

The U.S. Government requires mandatory drug and alcohol testing of all employees who work in sensitive or safety related positions within the transportation industry. The rule covers trucking, railroad, pipeline, aviation and other related businesses and, with few exceptions, requires all workers to be tested. This includes individuals who operate or work on various transportation equipment/components.

The position you are being considered for falls under this Federal Rule. Before starting to work, you must be given a pre-employment drug test. You will be required to report to a collection site and give a urine specimen. This specimen will be sent to a U.S. Department of Health and Human Services approved laboratory where it will be tested for five specific drugs of abuse (marijuana, cocaine, opiates, amphetamines/methamphetamine and phencyclidine (PCP)). If the results of your drug test are negative, your application for employment will be given further consideration. If the results are positive for any of the drugs, we will be unable to hire you.

There are several things you should know:

1. This is a mandatory Federal requirement and all persons being considered for similar positions must be tested.
2. The collection and testing of your urine specimen is conducted under extremely rigid guidelines established and monitored by the U.S. Department of Health and Human Services.
3. The test results are reviewed by a qualified physician (Medical Review Officer) who, in the case of a positive result, will attempt to personally contact you to determine a legitimate medical reason for the test result.
4. The results of your test will be maintained in strict confidence. We release test results only in compliance with FAA regulations.
5. If hired, you will be subject to drug testing throughout your employment with our company. The various types of tests administered will be explained in the Drug & Alcohol Use & Testing Policy.
6. Employees subject to a drug test will be given access, upon written request, to any record relating to their drug test and any records relating to the results of any relevant laboratory certification, review or revocation-of-certification proceedings.
7. The "Permanent Bar" provision of the Omnibus Transportation Employee Testing Act stipulates that any employee with two verified positive drug tests or who has been determined to have used a prohibited drug while performing a safety-sensitive function is permanently precluded from further performance of such functions. An individual with one positive test must obtain clearance from a SAP in order to return to work. In compliance with this Act, Global Technical Services, Inc. will obtain a written release to acquire test results from your previous employers.

Our company is committed to maintaining a drug free workplace. We support the U.S. Government's anti-drug program and believe it is important for all of our employees to understand that we will not tolerate drug abuse in our workforce.

**EMPLOYEE ACKNOWLEDGEMENT:**

I certify that I have read and understand the **PRE-EMPLOYMENT LETTER**.

Further, I understand that I will be subject to urine drug and alcohol testing in accordance with 49 CFR 40 and other applicable Department of Transportation and Federal Aviation Administration regulations. I understand that my employer and ESSI will maintain records of my drug and alcohol test results.

I also certify that I have read, understand, and discussed with a Global Technical Services representative the **GTS DRUG & ALCOHOL USE & TESTING POLICY**, the **FAA ANTI-DRUG PROGRAM/ALCOHOL ABUSE EMPLOYEE EDUCATION MANUAL** and the **EMPLOYEE ASSISTANCE PROGRAM** provided by Global Technical Services, Inc. and agree to abide by the terms specified therein.

I understand I will be entered into a random pool of names, and that during this period of employment with Global Technical Services, Inc., I am subject to being drug and alcohol tested if my name is selected from this pool.

**[SSN]**

Applicant PRINT

Date

Social Security Number

Employee Signature