State of Kansas
DRUG SCREENING PROGRAM

AFFIRMATION OF POLICY FORM
NON-KDOT
Statement of Policy

The State of Kansas is committed to a drug-free workforce to protect the safety of workers and the public. The State administers a drug-screening program with strict policies and procedures in place to ensure its accuracy and integrity.

It is the policy of the State of Kansas that candidates given a conditional offer of employment for a designated position take a drug screen to show they are drug free. In order to protect the safety of workers and the public, no candidate whose test shows illegal drug use will be employed by the State in a designated position.

It is the policy of the State of Kansas that employees in designated or correctional facility positions may be required to take a drug screen to show they are drug-free if there is reasonable suspicion of illegal drug use. The State will give current employees with permanent status an opportunity to rehabilitate and return to their jobs as productive members of the workforce. Current employees who do not rehabilitate or who have a second test which shows illegal drug use may be disciplined in accordance with the Civil Service Act.

It is the policy of the State of Kansas to inform candidates and employees of drug screening programs prior to drug tests being conducted. The state will consider drug screening results and medical information provided by candidates and employees as confidential.

Affirmation of Policy

As a candidate for a designated position, or an employee in a designated or correctional facility position, I affirm that I have read and understand the meaning of the above statement of policy regarding the State's Drug Screening Program. As a candidate, I am aware that my offer of employment is conditional upon the results of a drug screen. As an employee in a designated or correctional facility position, I am aware that I may be required to undergo a drug screen based upon reasonable suspicion, that I will be informed prior to the drug screen, and that I may be referred to an education and treatment program depending on the results of the drug screen.

Please Check One: Candidate ☐ Employee ☐

Please Check Reason for Test: Pre-employment ☐ Pre-Duty ☐
Reasonable Suspicion ☐ Return-To-Duty ☐
Follow-up ☐

Name: _____

Soc.Sec.No.: _____ Agency Position No.:_____

Agency Name: _____ Agency No.: _____

_____ _____
(Signature of Candidate or Employee) Date

_____ _____
(Signature of Supervisor or Agency Representative) Date

DA 411 Agency and Candidate or Employee keep copy. Original to Collection site then mail to OPS. Revised 04/10/2017