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| --- | --- |
| Project No: |  |
| Location No: |  |
| Project Title: |  |
| Facility Name: |  |

**SWORN STATEMENT PURSUANT TO SECTION 287.087, FLORIDA STATUTES, ON PREFERENCE TO BUSINESS WITH**

**DRUG-FREE WORK PLACE PROGRAMS**

**(To be signed in the presence of a notary public or other officer authorized to administer oaths.)**

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| --- | --- |
| **STATE OF** |  |
| **COUNTY OF** |  |

**Before me, the undersigned authority, personally appeared**

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|  |

**who, being by me first duly sworn, made the following statement:**

|  |  |
| --- | --- |
| 1. Company Name: |  |
|  |  |
| Address: |  |
| 2. My relationship to the company named in (1) above is: |  |
|  | (List relationship such as sole proprietor, partner, president, vice president, etc.) |
| 3. Federal Employer Identification Number (FEIN) (or if entity has no FEIN, the social security number of the person signing this sworn statement) |  |

4. I certify that I have established a Drug Free Work Place program and have complied with the following:

a. Published and distributed to each employee a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibitions.

b. Required all new employees to undergo laboratory testing as a condition of employment and will require all employees, as a condition of their continued employment, to undergo laboratory testing to detect illegal drug or alcohol use according to Florida Statutes 440.101 and 440.102.

c. Ensured that applicants with a confirmed positive drug or alcohol screening test result are not considered for employment.

d. Have tested employees when reasonably suspected of illegal drug or alcohol use.

e. Ensured that any employee refusing to take a drug or alcohol screening test in violation of the Drug Free Work Place Policy is subject to dismissal for failure to abide by the provisions of the Policy.

f. Informed employees about the dangers of drug abuse in the workplace, the business' policy of maintain a drug-free workplace, any available drug counseling, rehabilitation and employee assistance programs and the penalties that may be imposed upon employees for drug abuse violations.

g. In the statement specified in subparagraph 4a, notified the employees that, as a condition of their employment, the employee will abide by the terms of the statement and will notify their employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States of any state, for a violation occurring in the workplace no later than 5 days after such conviction.

h. Have required all employees to sign a copy of this statement of compliance acknowledging their understanding and agreeing to abide with the requirements of the Drug Work Place Policy.

i. Will impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community by, any employee who is so convicted.

j. Am making a good faith effort to continue to maintain a Drug Free Work Place through implementation of this document.

**BY: DATE:**

**NAME (Printed) TITLE:**

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| **Notarization** |  | | State of: | | | | | | ) | | |
|  |  | | County of: | | | | | | ) | | |
|  |  | |  | | | | | |  | | |
| **Sworn to and subscribed before me, the undersigned authority, by** | | | | | | | |  | | | |  |  |
| **who is personally known to me or did produce:** | | | | |  | | | | | | |  |  |
| **as identification and who did take an oath.** | | | | | | |  | | | | |  |  |
|  |  | |  |  | |
| **N****otary Public:** | |  | | | | | | | |  | **Affix Seal** |
| **Commission Expires on:** | |  | | | | | | | |  |  |