

**Bourbon County, Kansas**  
Receipt and Acknowledgement of the Bourbon County  
Employment & Drug/Alcohol Testing Policy

Please read the following statements, sign below and return to the Human Resources department. This receipt will be placed in your personnel file.

- I have received and read a copy of the Bourbon County Employment handbook. I understand that the policies and benefits described in it are subject to change at the sole discretion of the Bourbon County Board of Commissioners at any time.
- I further understand that my employment is at will, and neither Bourbon County nor myself has entered into a contract regarding the duration of my employment. I am free to terminate my employment with Bourbon County at any time, with or without reason. Likewise, Bourbon County has the right to terminate my employment, or otherwise discipline, transfer, or demote me at any time, with or without reason, at the discretion of Bourbon County. No employee of Bourbon County can enter into an employment contract for a specified period of time, or make any agreement contrary to this policy without the written approval from the Board of County Commissioners
- As an employee of Bourbon County, I affirm that I have also read and understand the Bourbon County's Drug & Alcohol Testing Policy. I am aware that I may be required to undergo a drug and/or alcohol screen as outlined by Bourbon County's policy requirements and that I will be informed prior to the drug/alcohol screen; and, that I may be referred to an education and treatment program depending on the results of the drug/alcohol screening. I agree to abide by all provisions of the anti-drug policy as a condition of my employment with the company. I am aware and agree that the Policy does not create any contractual rights in my favor or in any way alter the at-will nature of my employment or imply that discharge will occur only "for cause".
- I acknowledge and consent to random and unannounced substance abuse testing if my position falls into the category that is drug tested.
- I am aware that during the course of my employment confidential information may be made available to me, for instance, tax information, bid information, arrest records, personnel information, and other information. I understand that this information is confidential and must not be given out or used outside of Bourbon County's premises or with non-Bourbon County employees. In the event of termination of employment, whether voluntary or involuntary, I hereby agree not to utilize or exploit this information with any other individual or against Bourbon County. I also understand that there is an open records policy and procedure that I should be aware of and follow in the distribution of information.
- I acknowledge that I have read the sexual harassment/harassment policy and will bring to the appropriate party's attention any and all issues involving harassment. I further acknowledge that I understand my rights in bringing issues forward and will use those avenues if an issue arises.

\_\_\_\_\_  
Employee's Printed Name

\_\_\_\_\_  
Position

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date