

# H&D Waste Services

## Employee Drug and DOT Physical Agreement

Hire Date: \_\_\_\_\_

I, \_\_\_\_\_ understand that I am financially responsible for the cost of any and all Drug testing and DOT Physicals required by DOT Regulations if I am terminated or voluntarily leave my position at H&D Waste Services before 1 year of my hire date. I will reimburse the fees back to H&D Waste Services.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_