



18422 Bear Valley Road, Victorville, CA 92395-5849 • 760-245-4271, ext. 2455

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**DRUG/ALCOHOL-FREE WORKPLACE/ANTI-DRUG ABUSE ACT CERTIFICATION**

I certify that, as a condition of my employment, I will not engage in the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance during the period covered by my employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness – Authorized District Employee

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**PROHIBITION OF HARASSMENT POLICY AND PROCEDURES**

I, the undersigned, affirm that I have received information on the Victor Valley Community College policy and procedures related to the prohibition of harassment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**WORKERS' COMPENSATION INFORMATION VERIFICATION**

I, the undersigned, affirm that I have received information on the procedures and requirements regarding workers' compensation coverage from the Victor Valley Community College District.

\_\_\_\_\_  
Employee Name (Please Print)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Department or work location

\_\_\_\_\_  
Date