Date

I understand that if I fail the drug/alcohol test, or the CIB/Child Protective Service Record Check that I will be responsible for payment of the CDL Class.

Also, per Upshur Human Resources, Inc. Policy and Procedures Manual, Policy 212 Educational Assistance, I understand that if I fail the CDL Class I will be responsible for payment.

In addition, I agree to work for Upshur Human Resources, Inc. for a period of three (3) years.

Signature Date

Executive Director Signature Date