

CHIPPEWA VALLEY SCHOOL DISTRICT (CVSD)

ACKNOWLEDGEMENT OF CONDITIONAL EMPLOYMENT AND VOIDABLE EMPLOYMENT AT OPTION OF CVSD

APPLICANT'S NAME: _____

APPLICANT'S DATE OF BIRTH: _____

I acknowledge that if I am employed as a Bus Driver or Custodian my employment shall be conditional until results of a physical examination and drug screen show that I am able to perform the essential functions of the job. CVSD in its discretion can void and rescind such conditional employment if the results of the physical examination and drug screen indicate that I am unable to perform the essential functions of the job.

Date

Signature