



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

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

**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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**COMPUTER AND ELECTRONIC COMMUNICATION SYSTEM USE AGREEMENT**

I, the undersigned, affirm that I have been provided with and have read District Administrative Procedure 3720(a), Computer Use-Computer and Electronic Communications System and Administrative Procedure 3720 (b), Computer Use-Email Procedures. I agree to comply with the Provisions of Administrative Procedure 3720(a) and (b) regarding the use of the District's Computer Systems.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date