



*Lehigh Country Club*

**VERIFICATION OF RECEIPT AND COMPLIANCE REGARDING  
LEHIGH COUNTRY CLUB SUBSTANCE ABUSE POLICY**

I, \_\_\_\_\_, agree that I have read and completely understand the Lehigh Country Club Substance Abuse policy. I agree to abide by this policy and understand any violation of this agreement could result in termination of employment or retraction of the offer of employment.

Signature \_\_\_\_\_

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

Applicants Under Age 18 – Please Complete (in addition to above)

I understand the above conditions and authorize Lehigh Country Club to conduct a pre-placement drug test on my minor child or dependent.

\_\_\_\_\_  
Print Applicant's Name

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_