



Confirmation of Receipt of DNRC Policies By Emergency Firefighters (EFF's)

By signing below, I agree that as a condition of employment with the State of Montana, Department of Natural Resources and Conservation (DNRC), I will comply with the following listed DNRC policies:

| Policy Name | | Number | Date | Initials |
|--------------------------|---------------------------------|-----------------|----------|----------|
| 1. | Drug Free Workplace Policy | P-DNRC-HR-022 | 06/25/02 | |
| 2. | Model Rules of Conduct | P-DNRC-HR-041 | 11/18/07 | |
| 3. | Public Information Policy | P-DNRC-OP-004 | 09/10/12 | |
| 4. | Sexual Harassment Policy | P-DNRC-HR-004 | 09/05/95 | |
| 5. | Substance Abuse / Use Policy | P-DNRC-HR-010 | 11/21/95 | |
| 6. | State Vehicle Use (ARM) | P-DNRC-HR-037 | 03/08/13 | |
| Optional Policies | | | | |
| 7. | Drug & Alcohol Testing | P-DNRC-HR-006 | 10/03/95 | |
| 8. | Drug & Alcohol Testing Addendum | P-DNRC-HR-0006A | 11/01/96 | |

I acknowledge that the DNRC hiring office has made these policies available to me, and declare that, prior to signing this form; I have read and do understand these policies.

Print Name

Date

Signature