



## City of Elizabeth City

# SAFETY POLICY STATEMENT

I have been issued the City of Elizabeth City's EMPLOYEE SAFETY POLICY MANUAL. I accept my responsibilities as outlined in this document.

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Driver's License No./State

\_\_\_\_\_  
Social Security No.

\_\_\_\_\_  
Date

CDL \_\_\_\_\_ Yes/\_\_\_\_\_ No