

DRUG AND ALCOHOL EMPLOYMENT POLICY

StellarOne is committed to maintaining a safe and efficient working environment for its employees and to protecting employees, company property, equipment, operations and the local communities we serve by ensuring that employees are physically and mentally capable of performing their assigned tasks. Employees who use illegal and/or unauthorized drugs or alcohol while on the job pose a serious risk to themselves, their fellow employees and the public.

StellarOne's employment policy prohibits hiring any applicant who uses illegal and/or unauthorized drugs. As part of the pre-employment process, applicants are required to complete the attached questionnaire regarding the use of illegal and/or unauthorized drugs. Testing during employment may also be required in accordance with the company's Drug and Alcohol Free Workplace Policy.

I hereby consent to medical tests, at StellarOne's expense, to determine the presence or use of illegal and/or unauthorized drugs or alcohol. Further, I consent to the release of the test results and other relevant medical information to the company for appropriate review. I understand that positive test results or refusal to consent to these tests or answering the pre-employment drug-screening questionnaire untruthfully will disqualify me from employment or may result in the termination of my employment with StellarOne. I agree to hold StellarOne, its directors, officers, managers, supervisors, employees and agents harmless from any and all liability in connection with the testing and results of the tests mentioned above.

AGREED TO:

Applicant/Employee Signature

Date

Witness Signature

Date

Attachment: Questionnaire

(Revised: 7-15-09)

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QUESTIONNAIRE

Do you use or have you used in the last thirty (30) days any of the following substances?

YES	NO	
_____	_____	1. Marijuana
_____	_____	2. Amphetamines / Methamphetamines
_____	_____	3. Cocaine
_____	_____	4. Heroin
_____	_____	5. LSD
_____	_____	6. Oxycodone (including Oxycontin, Percodan, Percocet, and Roxicodone), other than as prescribed by your physician.
_____	_____	7. Any other substance the possession or use of which is prohibited by law. Please identify substances: _____

Signature & Date

Print Name