

TO BE COMPLETED BY EMPLOYER
Date of First Hire: _____
Position: _____

APPLICATION FORM
REVISED 1/2012



Parks Department

10 Gateway Drive ~ Collinsville, IL ~ www.CollinsvilleRec.com ~ 618-346-7529

The Collinsville Area Recreation District is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including, race, color, age, sex, religion, handicap or national origin.

BEFORE RETURNING YOUR APPLICATION, PLEASE NOTE:

- ~ Application must be returned in person by the applicant. You may be interviewed immediately. Applications that are not complete or are missing documents cannot be accepted.
- ~ Applications will only be accepted at the Collinsville Area Recreation District Administrative Offices, located at 10 Gateway Drive in Collinsville, IL.
- ~ You must bring one item from each of the following groups:

GROUP A
A driver's license or school ID card with photo

GROUP B
An original or certified copy of your birth certificate or Social Security card (not required if you present a passport)

Applicants must be at least 18 years of age

Name _____

Date of Birth _____ Social Security # _____

Permanent Address _____
Street City State Zip code

Telephone # _____ Cell phone # _____ E-mail _____

Emergency Contact _____ Emergency Contact Telephone # _____

Relation _____

Current College Students: Phone number, best time to reach you and last day we can contact you at this number _____

If you've worked at CARD before, in what job and year? _____

How did you hear about this job? _____ Referred by _____

Have you ever been convicted of any law violation (except minor traffic violation)? _____

If yes, explain: _____

(No applicant will be denied employment solely on the grounds of a criminal offense conviction)

If requested, would you submit to a security interview and/or drug testing? ___ Yes ___ No

For what position are you applying? _____

EDUCATION	NAME/LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	DEGREE(S) RECEIVED
Grammar				
High School				
University/College				
Trade/Business				

GENERAL

Subjects of special study or research work: _____

Job-related skills (typing, driver's license, etc.) _____

Civic or athletic activities (non-religious) _____

EXCLUDE ORGANIZATIONS THAT THE NAME OR CHARACTER OF WHICH INDICATES THE RACE, SEX, COLOR OR NATIONAL ORIGIN OF ITS MEMBERS.

FORMER EMPLOYERS List employers for the last seven years, starting with the most recent

Years at location	Name/Address	Salary Upon Leaving	Position	Reason for Leaving

REFERENCES Below, list three persons not related to you, whom you've known at least one year

Name	Address/Telephone #	Position	Years Acquainted

"UNDER ILLINOIS LAW ANY APPLICANT FOR EMPLOYMENT OR PROSPECTIVE EMPLOYMENT IS REQUIRED TO UNDERGO A BACKGROUND CHECK THROUGH STATE POLICING AUTHORITIES. ANY APPLICANT REFUSING A BACKGROUND CHECK WILL NOT BE APPLICABLE FOR EMPLOYMENT WITH THE COLLINSVILLE AREA RECREATION DISTRICT.

Date _____ Signature _____

AUTHORIZATION

I authorize investigation on all statements contained in this application. I understand that misrepresentation of information requested is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date or payment of my wages and salary, be terminated at any time without cause and without any previous notice.

Date _____ Signature _____

Employment Opportunities

Park Specialist

Salary: \$12.50-\$14.50 an hour
Full-time/year round

Education and Experience: Associates Degree in facility/park management, horticulture, forestry or related field. Prior supervisory experience. Must have or obtain Illinois Pesticide Operators License. Work experience can be substituted for education.

Minimum Qualifications: Must be at least 21 years of age, able to work independently without supervision, capable of lifting 50 pounds to shoulder height, be able to bend to the floor and reach/lift overhead, and physically able to work outside in extreme temperatures for extended periods of time. Must have a valid Illinois driver's license.

Required Duties:

Follow the policies and procedures as given in the employee handbook, operations manuals, job description and in-service trainings
Maintain all parks within the district to ensure proper appearance, cleanliness and safety

Operation of Bobcat, bucket truck, wood chipper and other equipment

Supervise seasonal employees

Mowing/trimming of district parks

Ball field preparation

Equipment maintenance

Pesticide application

Snow removal

Trash collection and removal

Planting of trees and shrubs

Playground equipment construction

Cleaning/stocking of park restrooms

Additional duties as assigned by Superintendent of Parks

Weekend and Seasonal Park Worker

Salary: \$8.25 an hour
Part-time, hourly, seasonal

Under the direction of the Assistant Superintendent of Parks

Minimum Qualifications: Must be at least 18 years of age and able to lift 30 pounds to chest height. Must be able to pass a criminal background check with no felony convictions. Must have a valid Illinois driver's license.

Required Duties:

Open and close restrooms according to instructions

Replenish restroom supplies as needed

Ensure pavilions are clean and trash cans are emptied

Ensure pavilion reservation signs are posted

Empty all trash receptacles throughout park, picking up any litter along the way

Prepare scheduled ball fields to correct specifications

Secure all areas before leaving, including maintenance facility, vehicles and equipment

Notify supervisor of unsafe or damaged equipment, facilities, park areas

Additional duties as assigned

Important information about working for us

Appearance Guidelines – *Please read before applying*

- ~ We ask that all employees keep their hair clean, neat and trimmed during the course of their employment. All employees are required to shower daily prior to reporting to work and wear deodorant and clean uniforms. Shorts can not be worn below the waistline (sagging).
- ~ Radical hair styles are not permitted. Male team members must keep their hair neatly trimmed about the collar. Neatly trimmed facial hair is permitted.
- ~ Jewelry must be conservative. Facial piercings are not permitted.

Orientations/Meetings: Prior to employment, selected applicants must attend one or more orientation meetings at which various jobs, responsibilities and benefits will be more specifically addressed. This is your chance to ask questions and make sure that you are a good fit to join our team. Once hired, all employees will be required to attend periodic meetings throughout the season to review and improve skills and job performance.

Uniforms: All employees will be required to wear a designated uniform. Uniform alterations or footwear deemed inappropriate by management are not permitted.

Federal and State W-4 forms

(to determine the amount of tax withheld from your paycheck)

- Step 1: Print your name and address in box #1
- Step 2: Print your Social Security Number in box #2 (this step is required)
- Step 3: Choose your marital status in box #3
- Step 4: Choose number of allowances to be withheld and write in box #5. How much tax do you want removed from each paycheck? In simple terms:

0=Zero Allowance The most amount of money allowed is deducted per paycheck, but usually results in a larger tax refund or smaller tax payment (if applicable)

1= One Allowance A lesser amount of tax is deducted per paycheck, but may result in a smaller tax refund or larger tax payment at the end of the year.

Step 5: Sign your name next to "Employee's Signature" and write the date.

This information is presented as a guide only. If you are unsure of how to file, you should consult a tax professional or obtain a W-4 worksheet from us for additional information.

Form W-4 Department of the Treasury Internal Revenue Service	<h2>Employee's Withholding Allowance Certificate</h2> <p>▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 2012
1 Your first name and middle initial _____ Last name _____		2 Your social security number _____
Home address (number and street or rural route) _____		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code _____		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5 _____	6 Additional amount, if any, you want withheld from each paycheck
6 Additional amount, if any, you want withheld from each paycheck	6 \$ _____	
7 I claim exemption from withholding for 2012, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		
7 If you meet both conditions, write "Exempt" here ▶ _____		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶ _____		Date ▶ _____
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) _____		9 Office code (optional) _____
		10 Employer identification number (EIN) _____

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 10220Q

Form **W-4** (2012)



Illinois Department of Revenue

IL-W-4 Employee's Illinois Withholding Allowance Certificate

_____ - _____ - _____
 Social Security number

 Name

 Street address

_____ State _____ ZIP _____
 City

- 1 Write the total number of basic allowances that you are claiming (Step 1, Line 4, of the worksheet). 1 _____
- 2 Write the total number of additional allowances that you are claiming (Step 2, Line 9, of the worksheet). 2 _____
- 3 Write the additional amount you want withheld (deducted) from each pay. 3 _____

I certify that I am entitled to the number of withholding allowances claimed on this certificate.

Your signature _____ Date _____

Check the box if you are exempt from federal and Illinois Income Tax withholding and sign and date the certificate.

Employer: Keep this certificate with your records. If you have referred the employee's federal certificate to the IRS and the IRS has notified you to disregard it, you may also be required to disregard this certificate. Even if you are not required to refer the employee's federal certificate to the IRS, you still may be required to refer this certificate to the Illinois Department of Revenue for inspection. See Illinois Income Tax Regulations 86 Ill. Adm. Code 100.7110.

This form is authorized under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information may result in this form not being processed and may result in a penalty.

Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen or national of the United States
- A Lawful Permanent Resident (Alien #) A _____
- An alien authorized to work until _____
(Alien # or Admission #)

Employee's Signature	Date (month/day/year)
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Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name	Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)
Collinsville Area Recreation Dist, 10 Gateway Dr, Collinsville, IL 62234		

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.	
Document Title: _____	Document #: _____
Expiration Date (if any): _____	

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
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LISTS OF ACCEPTABLE DOCUMENTS

LIST A		LIST B		LIST C
Documents that Establish Both Identity and Employment Eligibility	OR	Documents that Establish Identity	AND	Documents that Establish Employment Eligibility
1. U.S. Passport (unexpired or expired)		1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address		1. U.S. social security card issued by the Social Security Administration (<i>other than a card stating it is not valid for employment</i>)
2. Certificate of U.S. Citizenship (<i>Form N-560 or N-561</i>)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address		2. Certification of Birth Abroad issued by the Department of State (<i>Form FS-545 or Form DS-1350</i>)
3. Certificate of Naturalization (<i>Form N-550 or N-570</i>)		3. School ID card with a photograph		3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. Unexpired foreign passport, with <i>I-551 stamp</i> or attached <i>Form I-94</i> indicating unexpired employment authorization		4. Voter's registration card		4. Native American tribal document
5. Permanent Resident Card or Alien Registration Receipt Card with photograph (<i>Form I-151 or I-551</i>)		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (<i>Form I-197</i>)
6. Unexpired Temporary Resident Card (<i>Form I-688</i>)		6. Military dependent's ID card		6. ID Card for use of Resident Citizen in the United States (<i>Form I-179</i>)
7. Unexpired Employment Authorization Card (<i>Form I-688A</i>)		7. U.S. Coast Guard Merchant Mariner Card		7. Unexpired employment authorization document issued by DHS (<i>other than those listed under List A</i>)
8. Unexpired Reentry Permit (<i>Form I-327</i>)		8. Native American tribal document		
9. Unexpired Refugee Travel Document (<i>Form I-571</i>)		9. Driver's license issued by a Canadian government authority		
10. Unexpired Employment Authorization Document issued by DHS that contains a photograph (<i>Form I-688B</i>)		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor or hospital record		
		12. Day-care or nursery school record		

Leave space blank for attachment of required documentation

Agreements, Release, and Medical Authorization

Person to contact in case of emergency: _____

Relationship to employee: _____

Home Phone Number: _____ Work Number: _____ Cell Number _____

Please read the following items carefully and sign at the bottom. Applications without signatures will not be accepted.

I hereby authorize the Collinsville Area Recreation District (CARD) to seek medical treatment for injuries or illness sustained by employee during the course of his/her employment at CARD. CARD will make a conscientious effort to notify parents or guardians should treatment become necessary for the dependent child.

I certify that all statements given on this application are correct and realize that falsification or misrepresentation of any information may result in employee's immediate discharge.

I agree in the event of employment, CARD, or any person it may authorize, shall be entitled, without further consent, to copyright, sell or use in any manner, a photograph videotape of me or recording of my voice.

I understand that if hired by CARD, my employment is seasonal. I further understand that I am an "at will" employee. I am not guaranteed employment during the entire operating season and hours for which I am scheduled to work may be reduced or eliminated, without prior notice or compensation, based on the sole discretion of the Collinsville Area Recreation District.

I do hereby release and hold harmless, Collinsville Area Recreation District, its employees, officers, commissioners, subsidiaries, volunteers from any and all claims whatsoever, including but not limited to personal injury, arising out of or relating to any non-work hour and/or non-work related recreational activity provided to employee by or on behalf of said Collinsville Area Recreation District.

I authorize the Collinsville Area Recreation District to do a **Criminal Background Investigation** on me. I understand that if this report shows any criminal history it may be cause for dismissal or withdrawal of any offer of employment. Further, I understand and agree that my employment is for no definite period and may, regardless of the date or payment of my wages and salary, be terminated at any time without cause and without any previous notice.

Employee signature

Date

Print employee name (first, middle, last)

CONVICTION INFORMATION NAME CHECK REQUEST

(Please see the reverse side for Instructions on completing this form)

(All fields marked in BOLD are mandatory)



Transaction Control Number

FRM1130L30129738

Document Control Number

L30129738

Submitting Agency ORI - NCIC (if applicable)

IL

Cost Center (Office Use Only)

Subject's Last Name

First Name

Middle Name

Date of Birth

Sex

Race

The code values used in the Illinois State Police name search must include valid national crime information center code values for certain fields. These fields include sex codes and race codes. The standard code values for sex codes include "M" for Male, "F" for Female, or "U" for Unknown. The standard code values for race codes include "W" for White (includes Mexicans and Latins), "B" for Black, "A" for Asian/Pacific Islander, "I" for Indian/Alaskan Native, or "U" for unknown. If your submission contains values other than the standard code values, the search results could be adversely affected.

Social Security Number

Drivers License Number

DL State

Requestor's Name

Agency/Company Name

Mark E. Badasch, Executive Director

Collinsville Area Recreation District

Return Address

10 Gateway Drive

Street Address: City: Collinsville State: IL Zip: 62234

Foreign State/Country

Foreign Postal Code

Licensing or Employment Purpose (Yes) (No)

Subject's Maiden Last Name

First Name

Middle Name

Fee Amount

Date

Collinsville Area Recreation District - Parks Department

10 Gateway Drive
Collinsville, IL 62234
(618) 346-7529

Collinsville Area Recreation District Employment Information Form

The Collinsville Area Recreation District Information Form is for clarification reasons only. This form does not imply or guarantee employment for a stated position(s) or period of time. All persons becoming employees are subject to disciplinary policies described in the District personnel policy manual.

Please complete the following:

Name: _____
Permanent Address: _____
Home Telephone # and Cell Phone: _____
Temporary address (college): _____
Temporary Phone #: _____
Position: _____
Rate of Pay: _____
Employment Term: Start Date: _____ End Date: _____ Conflicts: _____
Shirt Size:: M L XL XXL

As the above named individual I understand and agree to the following: (Please Initial)

- ___ I agree to abide by the rules, regulations and policies of the Collinsville Area Recreation District.
- ___ I agree to fulfill all duties and responsibilities of my assigned position and to follow instructions and directions of my superiors.
- ___ I understand that work schedules will be determined by my supervisor
- ___ I will participate in all training and orientations, and maintain all necessary documentation specified in training or otherwise directed.
- ___ I will maintain an attitude of helpfulness to guests and fellow employees at all times.
- ___ I understand that tardiness is unacceptable and considered grounds for dismissal.
- ___ I will maintain a professional image, clean personal appearance and wear assigned uniform/equipment.

Signature of person named in agreement

Date

Signature of superintendent of parks

Date

COLLINSVILLE AREA RECREATION DISTRICT
SUBSTANCE ABUSE POLICY
Effective Date: 1/2009

Purpose

It is the intent of the Collinsville Area Recreation District (CARD) to provide a safe workplace, free from the dangers of alcohol, illegal drugs, and other controlled substances. To that effort, the Substance Abuse Policy has been adopted for all CARD employees.

Company rules

1. The possession, sale, manufacture, distribution, purchase or use of alcohol, illegal drugs and other controlled substances is prohibited while on CARD property, including parking areas, or while conducting company business away from CARD property.
2. The distribution, sale, purchase, use or possession of equipment, products and material which are used, intended for use or designed for use with illegal drugs or other controlled substances is prohibited while on CARD property, including parking areas, or while conducting company business away from CARD property.
3. Reporting to or being at work with a measurable amount of alcohol, illegal drugs or other controlled substances in the blood or urine are prohibited.
4. Reporting to or being at work with a measurable quantity of prescribed controlled substances in the blood and/or urine, or use of prescribed controlled substances is also prohibited where in the opinion of the company such use presents the employee from performing the duties of his or her job or poses a risk to the safety of the employee, other persons, or property.
5. An employee of the company who is convicted under a criminal drug statute shall notify the Substance Abuse Policy Coordinator no later than five (5) business days after such conviction. Failure to do so may result in termination.
6. It is a condition of employment of all employees to submit to blood, urine, and other tests to determine the presence of alcohol, illegal drugs and other controlled substances under the circumstances and for the reasons stated under the heading titled, "Testing of Applicants and Employees" including random testing.

Employees testing positive for drugs or alcohol will be automatically discharged.

Violations of these rules, including refusal to consent to, or failure to cooperate in the testing described, and as directed by the company, or attempting to alter, conceal or compromise test results will result in the employee being discharged, without advance notice or other warning.

Testing of applicants and employees

1. All applicants must submit to and pass alcohol and drug tests as specified by CARD before being employed. Applicants who refuse to take such tests, refuse or fail to cooperate in their administration, attempt to alter, conceal or compromise test results or who test positive will not be given further consideration for employment.
2. All current employees and any employee hired after the effective date of this policy, as a condition of their employment, are required to consent in writing, on the company consent form, to testing for alcohol, illegal drugs, or other controlled substances under the following circumstances:
 - All employees who suffer on-the-job incidents and required medical attention greater than first aid, or who cause an accident involving damage to company property or parking areas, or who are a direct contributing factor in the cause of an accident may be tested following the incident or as soon thereafter as is practical under the circumstances.
 - Testing will be conducted when there is reasonable cause to believe that an employee is using or is under the influence of alcohol, illegal drugs, or other controlled substances. Such circumstances include but are not limited to:
 1. Observed or suspected use
 2. Abnormal or erratic behavior or changes in the employee's work behavior or attendance
 3. Where the company receives information, which leads it to believe an employee is under the influence to or in any other way involved with alcohol, drugs or other controlled substances on company premises, on company time, or in a company vehicle
 4. Employees will be tested upon returning to work from an absence of 30 calendar days or more due to layoff, military leave, injury or illness
 5. All employees will be subject to unannounced random testing

Random Testing

The random selection process will ensure that every employee will have an equal opportunity for random testing each time the selection process is conducted. All employees will remain in the random selection pool at all times, whether or not they have been previously selected for random testing.

If the results are positive, the applicant or employee may request a second test of the same specimen or sample at his/her own ex-

pense within 24 hours of being notified of the first test results. If the results of the second test are negative, the applicant or employee will be reimbursed by the company for the test expense.

- The company approved consent form must be signed at the time testing is conducted before the production of the urine specimen, hair/nail specimen, or drawing of blood.

Education

All employees will be required, on a periodic basis, to attend an alcohol and drug awareness program including the following:

1. Information about the damage caused by drugs and alcohol in the workplace
2. A review of the CARD Substance Abuse Policy

Rehabilitation Program

1. Employees who use or abuse alcohol, illegal drugs or other controlled substances are encouraged to seek assistance on a voluntary basis.
2. Applicable CARD leaves of absence and insurance policies may/will be utilized with respect to the rehabilitation program

Consequences

The following discipline will be imposed for violations of this policy:

1. Refusal or failure to cooperate, refusal to consent to under the section titled “Testing of Applicants and Employees” (refusal to take such tests, refuse or fail to cooperate in their administration, attempt to alter, conceal or compromise tests).
 - Applicant: No further consideration for job under any circumstances including later reconsideration by applicant to cooperate.
 - Employee: Termination
2. Positive test results: Drug and/or alcohol
 - Applicant: No further consideration for job under any circumstances
 - Employees: Drug and/or alcohol tests: An employee tested under this policy whose drug or alcohol drug test is positive, shall, on the first occurrence be immediately discharged.

Testing Guidelines

All substance abuse testing under this Drug and Alcohol Policy shall be carried out under the following conditions:

Drugs or Drug metabolite to be tested and related confirmatory current federal positive confirmatory threshold limits:

<u>Drug or Drug Metabolite</u>	<u>Screen</u>	<u>Confirm</u>
Amphetamines	1000 ng/ml	500 ng/ml
Barbiturates	300 ng/ml	300 ng/ml
Benzodiazepines	300 ng/ml	300 ng/ml
Opiate Metabolites	2000 ng/ml	2000 ng/ml
Methadone	300 ng/ml	300 ng/ml
Phencyclidine	25 ng/ml	25 ng/ml
Propoxyphene	300 ng/ml	300 ng/ml
Marijuana Metabolites	50 ng/ml	15 ng/ml
Cocaine Metabolites	300 ng/ml	150 ng/ml
Alcohol	0.04 percent	0.04 percent

Employees with a blood alcohol concentration of 0.04 percent or greater are a positive alcohol test.

The employee will be required to breathe into an evidentiary breath-testing (“EBT”) device (also known as a breathalyzer), which will immediately register the alcohol concentration and print the results. A confirmatory breath test will be required before the test is considered “positive” (i.e. 0.04% or greater). If the screening breath test shows an alcohol concentration of 0.02 percent or greater, the employee must wait 15-20 minutes before giving another breath sample for a confirming test. The testing will be done by a certified breath alcohol technician with appropriate certification on file. In certain instances, a blood alcohol test may be used.

Drug testing shall be by urine samples with split specimen collection for “post incident”, for cause”, random, and return to work screens. Pre-employment drug screening may be done by urine samples with split specimen collection or through hair sampling. The decision on what form of pre-employment testing to be used is at the sole discretion of the company. Screening of specimens is by the EMIT immunoassay test. The established cut-off levels are used to determine if a specimen contains drug metabolites. If the amount of the metabolite is below the cutoff, the specimen is reported as negative. Specimens that are positive in the initial screening will be tested on gas chromatography/mass spectrometry (GC/MS) or other methods that may be subsequently recognized by the U.S. Department of Health and Human Services as the state-of-the-art validity and accuracy of testing results. The company will use a National Institute on Drug Abuse certified laboratory to evaluate any specimens.

All employees who are required to undergo testing under this policy will be required to sign a consent form (Chain of Custody form) authorizing the taking of the specimen and a release of the results to the company. A chain of custody form will be used for maintaining control and accountability on all specimen collections. A chain of custody is a record of the custody of a specimen from the initial collection. All specimens will be protected from contaminations. The absolute minimum number of individuals will have custody of the specimen. It will be protected from tampering by other individuals or contamination of other substances.

Employees on vacation or not scheduled to work will not be part of the random testing process.

An employee who fails to report for a drug test without valid reason, or refuses to provide the necessary specimen will be deemed to have tested "positive."

If an employee fails to complete the drug or alcohol testing within three hours of being referred for testing, the colleague will be deemed to have tested "positive" unless they provide the company's Medical Review Officer with documentation of an acceptable medical explanation for their failure to complete testing.

The collection site must be secure to prevent unauthorized access during the collection process.

The collection must be kept in sight of the donor and collection site person until sealed for shipment.

The collector must measure the temperature of the specimen within four minutes after collection and inspect the specimen for color and unusual signs of contamination.

Collector and donor must complete the process together, including:

1. Sealing and labeling of specimen bottle
2. Donor initialing bottle label or seal
3. Signing and dating of custody control form

Policy administration

The Director of Management Services is designated as the Substance Abuse Policy Coordinator, and is responsible for administration of this policy.

I HAVE RECEIVED A COPY OF THE SUBSTANCE ABUSE POLICY EFFECTIVE JANUARY 2009

Print employee name

Date

Employee signature