



VICTORY CONCRETE CONTRACTORS, INC.  
 11924 West Forest Hill Boulevard - Suite #10A-261  
 Wellington, Florida 33414  
 Office No. (561) 227-9577 Fax No. (561) 227-9601

# APPLICATION FOR EMPLOYMENT

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

## GENERAL INFORMATION

Name (last)	(First)	(Middle)	Home Telephone ( ) -	
Address (Mailing)	(City)	(State)	(Zip)	Mobile Telephone ( ) -
Social Security No. - -		Are you legally entitled to work in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO		

## POSITION

Position Applying For:	Desired Salary:	Date Available To Start:	
Available to Work: (circle availability)	Full- Time	Part-Time	Temporary
Best time to contact you at home is between _____ AM/PM and _____ AM/PM			
Have you ever filed an application with us before?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, Date? _____			
Do any of your friends or relatives, other than spouse, work here?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, state name/relationship _____			
Are you currently employed?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
May we contact your present employer?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you currently on "lay-off" status and subject to recall?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Can you travel if a job requires it?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you prevented from lawfully becoming employed in this country because of VISA or Immigration Status? <i>(Proof of citizenship or immigration status will be required upon employment.)</i>		<input type="checkbox"/> YES <input type="checkbox"/> NO	

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER  
DRUG FREE WORK PLACE**

WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, CREED, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, MARITAL OR VETERAN STATUS, OR ANY OTHER LEGALLY PROTECTED STATUS.

## EDUCATION AND TRAINING INFORMATION

High School Graduate or General Education Degree (GED) Test Passed?

YES  NO

If NO, please list the highest level of education completed: \_\_\_\_\_

### COLLEGE, BUSINESS SCHOOL, MILITARY BACKGROUND (Most Recent FIRST)

Name and Location	Dates Attended	Graduate?	Year Completed	Major or Subject
School:	FROM:	YES		
Location:	TO:			
School:	FROM:	NO		
Location:	TO:			
School:	FROM:	YES		
Location:	TO:			
School:	FROM:	NO		
Location:	TO:			
School:	FROM:	YES		
Location:	TO:			
School:	FROM:	NO		
Location:	TO:			

### MILITARY BACKGROUND (if applicable)

Branch of Service	Date of Entry	Date of Discharge
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### OCCUPATIONAL LICENSE AND CERTIFICATES (if applicable)

Occupational License or Certificate	Number	Where Issued	Exp. Date

### SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)


## WORK EXPERIENCE AND HISTORY

(Most Recent First) (Include Voluntary Work and Military Experience)

<b>Employer :</b>	<b>Telephone Number:</b>	<b>From (Month/Year)</b>
<b>Address:</b>		
	<b>Supervisor's Name:</b>	<b>To (Month/Year)</b>
<b>Job Title:</b>		
<b>Specific Duties Include:</b>		<b>Hours Per Week</b>
		<b>Last Salary</b>
		\$
<b>Reason for Leaving?</b>		<b>May We Contact This Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO</b>

<b>Employer :</b>	<b>Telephone Number:</b>	<b>From (Month/Year)</b>
<b>Address:</b>		
	<b>Supervisor's Name:</b>	<b>To (Month/Year)</b>
<b>Job Title:</b>		
<b>Specific Duties Include:</b>		<b>Hours Per Week</b>
		<b>Last Salary</b>
		\$
<b>Reason for Leaving?</b>		<b>May We Contact This Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO</b>

<b>Employer :</b>	<b>Telephone Number:</b>	<b>From (Month/Year)</b>
<b>Address:</b>		
	<b>Supervisor's Name:</b>	<b>To (Month/Year)</b>
<b>Job Title:</b>		
<b>Specific Duties Include:</b>		<b>Hours Per Week</b>
		<b>Last Salary</b>
		\$
<b>Reason for Leaving?</b>		<b>May We Contact This Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO</b>

<b>Employer :</b>	<b>Telephone Number:</b>	<b>From (Month/Year)</b>
<b>Address:</b>		
	<b>Supervisor's Name:</b>	<b>To (Month/Year)</b>
<b>Job Title:</b>		
<b>Specific Duties Include:</b>		<b>Hours Per Week</b>
		<b>Last Salary</b>
		\$
<b>Reason for Leaving?</b>		<b>May We Contact This Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO</b>

## SKILLS AND QUALIFICATIONS

❖ Describe any specialized training, apprenticeships, skills, and extra-curricular activities:

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❖ Describe any job-related training received in the United States Military:

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❖ Additional skills, including supervision skills, other languages spoken, or information regarding the career/occupation you wish to bring to the employer's attention:

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❖ Types of Computers, Software, and other Office Equipment you are knowledgeable of:

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❖ Typing Speed: \_\_\_\_\_ WPM

❖ **OTHER QUALIFICATIONS AND SPECIALIZED SKILLS:**

*Summarize special job-related skills and qualifications acquired from employment or other experience.*

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## REFERENCES

Please list 4 personal references who are not relatives or former supervisors.

Name	Address	Telephone	Occupation	Years Known
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Name	Address	Telephone	Occupation	Years Known
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Name	Address	Telephone	Occupation	Years Known
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Name	Address	Telephone	Occupation	Years Known
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## INFORMATION TO THE APPLICANT

- As a part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. You may make a written request for information derived from the checking of your references.
- If necessary for employment, you may be required to supply your birth certificate or other proof of authorization to work in the United States, have a physical examination and/or drug test, or to sign a conflict of interest agreement and abide by its terms.
- As the applicant, you certify that the answers given herein are true and complete to the best of your knowledge and authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
- This application for employment shall be considered active for a period of time not to exceed forty-five (45) days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this time.
- By signing below, Applicant hereby understands and acknowledges that, unless otherwise defined by the applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.
- In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

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**Printed Name of Applicant**

**Signature**

**Date**

**EQUAL EMPLOYMENT OPPORTUNITY:** While many employers are required by federal law to have an Affirmative Action Program, all employers are required to provide equal employment opportunity and may ask your national origin, race, and sex for planning and reporting purposes only. This information is optional and failure to provide it will have no effect on your application for employment.

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# QUESTIONNAIRE

## Post-Hiring Medical Questions

*Welcome to Our Company!*

Victory Concrete Contractors, Inc. requires a Post-Employment Medical Questionnaire to be completed for all Employees and is to benefit you, your employer and to ensure your health and safety while being employed with our company. This Questionnaire is necessary to provide your Employer with information for the Special Disability Trust Fund, to comply with the Americans with Disabilities Act and to protect your employer's rights under Chapter 440, Florida Statutes. Further, this information will allow your employer to evaluate and provide reasonable accommodations for any qualifying disability you may have. This questionnaire is NOT being used as a basis for deciding whether or not to employ you. It should be completed only AFTER a conditional offer employment has been made to you. By completing this form, you certify that Victory Concrete Contractors, Inc. has already presented a conditional job offer to you.

EMPLOYEE INFORMATION			
NAME (last)		(first)	(middle initial)
Employee No.	Date of Birth	Date of Hire	(please circle one) Full-Time Part Time
Social Security Number		Height	Weight

**INSTRUCTIONS:** Answer YES or NO to the questions on the following page. If your answer is YES, please list the approximate date of injury or treatment and give details (doctor, hospital, city, state, etc.) in the space available for details. Be sure to specify which numbered questions you are providing details for in the appropriate column. By answering "Yes" to a questions, does not necessarily indicate disqualification or exclusion from the position you were hired for, as reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions of the role.

**NOTE:** Where permitted by state law, any Employee who falsely represents his/her condition in writing at this time may be denied Workers' Compensation Benefits. We are an Equal Opportunity Employer and the information requested below shall not be used for any unlawful discriminatory purposes with respect to hire, tenure, terms, conditions or privileges of employment, or any matter directly or indirectly related to employment, as prohibited by applicable local, state or federal law. Reasonable accommodations can be made if deemed appropriate, provided it does not pose an undue hardship upon the company making the conditional job offer.

**PLEASE BE SURE TO ANSWER EACH OF THE FOLLOWING QUESTIONS. FAILURE TO RESPOND TO A SPECIFIC QUESTION WILL BE CONSIDERED AS A "NO" RESPONSE.**



# QUESTIONNAIRE

## Post-Hiring Medical Questions

### HAVE YOU EVER HAD .....

- |   |  |
|---|--|
| YES NO Asthma                                   | YES NO Hay Fever                       |
| YES NO Migraine Headaches                       | YES NO Diabetes                        |
| YES NO A Head Injury                            | YES NO Color Blindness                 |
| YES NO A Back Injury                            | YES NO Amputated body part             |
| YES NO A Neck Injury                            | YES NO Loss of sight in one/both eyes  |
| YES NO A Fear of Heights                        | YES NO Cerebral Palsy                  |
| YES NO Heart Troubles                           | YES NO Multiple Sclerosis              |
| YES NO Fainting Spells or Dizziness             | YES NO Parkinson's Disease             |
| YES NO Swelling of Legs/Ankles                  | YES NO Cardiovascular Disorder         |
| YES NO Skin Rashes or Eczema                    | YES NO Tuberculosis                    |
| YES NO Joint Pains or Arthritis                 | YES NO Mental Retardation              |
| YES NO Epilepsy                                 | YES NO Hemophilia                      |
| YES NO Cancer                                   | YES NO Chronic Infection of Bone       |
| YES NO Varicose Veins                           | YES NO Muscular Dystrophy              |
| YES NO Sickle Cell Anemia                       | YES NO Ruptured Disc                   |
| YES NO Tendonitis                               | YES NO Nervous Trouble or Treatment    |
| YES NO Repetitive Motion Disorder               | YES NO Depression                      |
| YES NO Stiffness of Major Weight-Bearing Joints | YES NO Hyperinsulinsim (hypoglycemia)  |
| YES NO Kidney Problems                          | YES NO Cardiac Disease (heart trouble) |
| YES NO Knee Problems                            | YES NO Chronic Osteomyelitis           |
| YES NO Pulmonary Disease (lung)                 | YES NO Thrombophlebitis                |
| YES NO Total Deafness                           |  |

If you answered "YES" to any of the questions above, please explain **all** instances:

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# QUESTIONNAIRE

## Post-Hiring Medical Questions

- YES  NO      Have you ever had Compressed Air Sequelae (damage to lungs, ruptured ear drum, etc. due to explosion, air concussion, etc.?)
- YES  NO      Have you ever had Ankylosis (immobility) of major weight bearing joints (ankles, knee, hip)?
- YES  NO      Do you have partial loss of hearing?
- YES  NO      Have you ever had an audiogram (hearing test)?  
If yes, results? \_\_\_\_\_
- YES  NO      Do you need glasses to read or see distances?
- YES  NO      Any serious wrist problems, including Carpal Tunnel Syndrome?
- YES  NO      Any broken Bones?  
Which Bones? \_\_\_\_\_  
When? \_\_\_\_\_
- YES  NO      Do you have high blood pressure?  
If yes, do you take any medication to control high blood pressure? \_\_\_\_\_
- YES  NO      Have you ever had surgery?  
If yes, when and for what? \_\_\_\_\_  
\_\_\_\_\_
- YES  NO      Have you ever refused surgery?  
If yes, why? \_\_\_\_\_  
\_\_\_\_\_
- YES  NO      Have you ever had an allergic reaction to any pharmaceutical drugs?  
If yes, which drugs? \_\_\_\_\_
- YES  NO      Have you ever had partial loss of uncorrected vision of more than 75% bilaterally?
- YES  NO      Have you ever had Psychoneurotic disability following confinement for treatment in a recognized medical or mental institution for a period in excess of six (6) months?
- YES  NO      Have you ever had any permanent condition that constitutes twenty (20) percent impairment of a foot, leg, hand or arm, or the body as a whole?
- YES  NO      Do you, or have you within the past year, participated in recreational drug use?
- YES  NO      Have you ever participated in a drug abuse treatment program?  
If yes, when and where? \_\_\_\_\_
- YES  NO      Do you currently take any prescription medications?  
If yes, what? \_\_\_\_\_
- YES  NO      Do you have any condition or have you sustained any injury that would have an effect on your capacity to perform the duties of this position without reasonable accommodations?
- YES  NO      Have you ever been hurt on the job or filed a workers' compensation claim in the past?  
If yes, how many times? \_\_\_\_\_ What Years? \_\_\_\_\_

Please provide pertinent facts to every previous ailment or injury contributing to impairment, as well as all previous worker's compensation claims: \_\_\_\_\_



# QUESTIONNAIRE

## Post-Hiring Medical Questions

**Have you *EVER* Worked at any of the following companies?**

- Sandblasting  YES  NO
- Asbestos Work  YES  NO
- Spray Painting  YES  NO
- Electric Welding  YES  NO
- Lead Painting  YES  NO
- Metal Painting  YES  NO
- Mold Remediation  YES  NO
- Hazardous Material  YES  NO

**Have you *EVER* had any physical problems or pain complaints in the following areas?**

- Neck  YES  NO
- Lower Back  YES  NO
- Mid Back  YES  NO
- Knees  YES  NO
- Shoulders  YES  NO

If you answered "YES" to any of the questions above, please explain ***all*** instances:

**Have you *EVER* been treated by any Healthcare Professional for a medical condition or injury to the following areas?**

- Neck  YES  NO
- Lower Back  YES  NO
- Mid Back  YES  NO
- Knees  YES  NO
- Shoulders  YES  NO

If you answered "YES" to any of the questions above, please explain ***all*** instances:

**Do you have *ANY* medical condition or physical limitation which restricts your ability to:**

- Walk or Stand (Continuously, for up to 1 hour at a time)  YES  NO
- Lift or Carry Items (Continuously, 25lbs+, for up to 1 hour at a time)  YES  NO
- Carry 40lbs on your shoulders (for up to 1 hour at a time)  YES  NO
- Bend or Squat (Repetitively, for up to 1 hour at a time)  YES  NO

If you answered "YES" to any of the questions above, please explain ***all*** instances:



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# QUESTIONNAIRE

## Post-Hiring Medical Questions

**Have you ever been refused employment or unable to hold a job because of the following:**

- Sensitivity to Dust  YES  NO
- Inability to Assume Certain Positions  YES  NO
- Inability to Perform Certain Motions  YES  NO
- Other Medical Reasons  YES  NO

(please specify): \_\_\_\_\_

**Have you had an injury or illness caused by service in the military:**  YES  NO

How long in military service? \_\_\_\_\_

Are you receiving military disability compensation?  YES  NO

**Do you fully understand all of the above questions?**  YES  NO

If you answered "NO", please indicate which questions you do not understand.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***I HEREBY CERTIFY THAT THE ABOVE INFORMATION SUBMITTED BY ME IS TRUE AND CORRECT. THE ABOVE QUESTIONS HAVE BEEN REVIEWED WITH ME BY A MEDICAL PROFESSIONAL AND I UNDERSTAND ALL OF THE QUESTIONS THAT I HAVE ANSWERED. I UNDERSTAND THAT KNOWINGLY PROVIDING FALSE OR MISLEADING INFORMATION TO THESE QUESTIONS WILL AFFECT MY ENTITLEMENT TO BEENFITS UNDER WORKER'S COMPESTION AND WILL RESULT IN DISCIPLINARY ACTIONS UP TO AND INCLUDING TERMINATION OF EMPLOYMENT.***

\_\_\_\_\_  
**Employee Name (printed)**

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

**REVIEWED BY:**

\_\_\_\_\_  
**Company Representative**

\_\_\_\_\_  
**Representative Signature**

\_\_\_\_\_  
**Date**

# COMPANY POLICY



Victory Concrete Contractors, Inc.

11924 West Forest Hill Boulevard #10A-261

Wellington, Florida 33414

Office: (561)227-9577

Fax: (561)227-9601

March 2014

# Drug-Free Workplace Company Policy

The following policy is implemented pursuant to the Drug-Free Workplace Program requirements under Florida Statue 440.102 and Administrative Rule 59A-24 of the State of Florida Agency for Health Care Administration. Recognizing that substance abuse (including alcohol) is a detrimental problem facing society, this company will do the best we can to actively fight this problem. We know that substance abuse is a serious threat to our staff, customers and shareholders. One of the ways we are addressing this problem is by implementing and maintaining a substance abuse policy to ensure that this company will be a drug-free workplace.

We understand employees and applicants under a physician's care may be required to use prescription drugs; however, illegal use of prescribed medications is also substance abuse and will be dealt with in the same manner as the abuse of illegal substances. The ultimate goal of this policy is to balance our respect for individual privacy with our need to keep a safe, productive, drug-free environment. Our intent is to identify, prevent and treat substance abuse among our employees. We encourage those who abuse drugs and/or alcohol to voluntarily seek help. This company maintains an employee assistance resource file which allows employees and their families to find help in dealing with alcohol or drug abuse. However, it is the employee's responsibility to seek help before drug and alcohol problems lead to disciplinary action.

## KEY TERMS

**LEGAL DRUG:** Includes prescribed drugs and over-the counter medications which have been legally obtained and are being used solely for the purpose for which they were prescribed or manufactured.

**ILLEGAL DRUG:** Any drug: (a) which is not legally obtained (b) which may be legally obtainable but has not been legally obtained; (c) which is being used in a manner or for a purpose other than as prescribed.

## POLICY AND WORKPLACE RULES

Our policy is to employ a work force free from use of illegal drugs and abuse of alcohol and prescription medications, whether on or off the job. Any employee determined to be in violation of this policy is subject to disciplinary action, even for the first offense. The company's Standard of Conduct requires that employees of the company shall not use illegal drugs or abuse alcohol or prescription medications. In order to maintain this standard, the company shall establish and maintain the programs and rules set forth below.

### **Post-Offer Job Applicant Screening**

The company will conduct post-offer drug tests designed to prevent the hiring of individuals who use illegal drugs or misuse alcohol or prescription medications. If a job applicant refuses to submit the required drug and/or alcohol test, he/she forfeits his/her eligibility for employment.

### **Current Employee Screening**

The company will conduct periodic drug and/or alcohol screens to identify employees who use illegal drugs or abuse alcohol, etc. either on or off the job. It shall be a condition of continued employment that all employees submit to a drug screen in accordance with the provisions listed on the following pages.

## REASONABLE SUSPICION TESTING

“Reasonable Suspicion Testing” means drug and/or alcohol testing based on an employer’s belief that an employee is using or has used drugs in violation of the employer’s policy drawn from specific visual or verbal facts that would lead a reasonable person without any medical training but normal life experiences, to conclude the possibility of drug use.

Whenever possible, the supervisor who is suspicious of an employee’s behavior should have the suspicious behavior confirmed by another supervisor or manager before requiring the employee to be tested. Employees who refuse to be tested will be terminated.

If there is reasonable suspicion that an employee is under the influence of drugs and/or alcohol, the employee will be required to undergo drug and/or alcohol testing at a laboratory chosen by the company. Occurrences that may be indicators of substance abuse and are considered grounds for reasonable suspicion are:

- Observable phenomena while at work, such as direct observation of drug use or of the physical symptoms or manifestations of being under the influence of a drug.
- Abnormal conduct or erratic behavior while at work or a significant deterioration in work performance.
- A report of drug use provided by a reliable and credible source.
- Evidence that an individual has tampered with a drug test during his employment with the current employer.
- Information that an employee has caused or contributed to an accident while at work.
- Evidence that an employee has used, possessed, sold, solicited, or transferred drugs while working or while on the employer’s premises or while operating the employer’s vehicle, machinery, or equipment.

### **Accident and Injury Procedures**

All employees involved in a work related accident which requires medical treatment must first receive treatment. The employee then must submit to a post-accident drug screen. A post-accident alcohol test may apply. The employee must report to the designated collection site for testing if the drug and/or alcohol is not performed following treatment.

### **Routine Fitness-for-duty**

The company must require an employee to submit to a drug test **IF** the test is conducted as a part of a routinely scheduled employee fitness-for-duty medical examination that is part of the companies established policy **OR** that is scheduled routinely for all members of an employment classification or group.

### **Follow-Up Drug Testing**

If the employee in the course of employment enters an employee assistance program for drug-related problems or a alcohol/drug rehabilitation program, the employer must require the employee to submit to a drug test as a follow-up to such program, unless the employee voluntarily entered the program. In those cases, the employer has the option to not require follow-up testing. If follow-up testing is required, it must be conducted at least once a year for a two year period after completion of the program. Advanced notice of a follow-up testing date must not be given to the employee to be tested.

**BASIS FOR DISCIPLINE OR TERMINATION**

**Illegal Drug Use**

An employee bringing onto the company's premises or property, having possession of, being under the influence of, possessing in the employee's body, blood, or urine in any detectable amount, or using, consuming, transferring, selling, or attempting to sell or transfer any form of illegal drug as defined above while on company business or at any time during the hours between the beginning and ending of the employee's work day, whether on duty or not, is guilty of illegal drug use and is subject to the company disciplinary action.

<b>TABLE OF POSITIVE DRUG LEVELS IN URINE</b>		
<b>Drugs to be Tested For:</b>		
<b>ng/ml</b>	<b>Initial</b>	<b>Confirmation</b>
Amphetamines	1,000	500
Cannabinoids	50	15
Cocaine	300	150
Opiates	300	300
Phencylidine	25	25
Barbiturates	300	150
Benzodiazepines	300	150
Methaqualone	300	150
Methadone	300	150
Propoxyphene	300	150

**Alcohol Abuse**

Any employee found under the influence of alcoholic beverages at any time while on company business or at any time during the hours between the beginning and ending of the employee's workday, whether on duty or not, and whether on company business or property or not, shall be guilty of misconduct and subject to the company disciplinary action.

The Employee shall be determined alcohol impaired when:

- o The employee's normal faculties are impaired due to consumption of alcohol.
- o The employee has a blood alcohol level of .02 or higher.

Any employee, if injured during the course and scope of employment, who tests positive or refuses to test for the presence of alcohol and/or drugs may forfeit eligibility for medical and indemnity benefits under Florida's Worker's Compensation Law. Any employee who refuses to submit to a drug and/or alcohol test will be terminated.

## CONFIDENTIALITY

All information, interviews, reports, statement memoranda, and drug test results, written or otherwise, received by the employer through a drug testing program are confidential communications and may not be used or received in evidence, obtained in discovery, or disclosed in any public or private proceedings, except in accordance with this Rule, in determining compensability under Chapter 440 Florida Statutes.

Employers, testing laboratories, employee assistance programs, drug and alcohol rehabilitation programs and their agents who receive or have access to information concerning drug test results shall keep all information confidential. Release of such information under any other circumstances shall be solely pursuant to a written consent form signed voluntarily by the person tested, unless such release is compelled by a hearing officer or a court of competent jurisdiction, in pursuant to an appeal taken under this section, or unless deemed appropriate by a professional or occupational licensing board in related disciplinary proceedings.

The Consent Form must contain, at a minimum, the following:

- The name of the person authorized to obtain the information.
- The purpose of the disclosure.
- The duration of the consent.
- The signature of the person authorizing release of the information.

Information on drug test results shall not be released or used in any criminal proceeding against the employee or job applicant. Information released contrary to this section shall be inadmissible as evidence in any such criminal proceeding.

Nothing herein shall be construed to prohibit the employer, agent of the employer, or laboratory conducting a drug test from having access to employee drug test information when consulting with legal counsel in connection with actions brought under or related to this section or when the information is relevant to the company or its agents defense in a civil or administrative manner.

## PRESCRIPTION AND NON-PRESCRIPTION MEDICATIONS

The company will provide a standard form for the employee to confidentially report the use of prescription or non-prescription medications to the Medical Review Officer both prior to and after the drug or alcohol test. No prescription drug shall be brought upon the premises by any person other than the person for whom the drug is prescribed by a licensed medical practitioner, and shall be used only in the manner so prescribed. Employees must keep all such prescription medicines in the original container which identifies the date of prescription and the prescribing physician. Employees should report the use of any prescribed medication which may alter the employee's physical or mental ability, prior to commencing work. This company retains the right to change the employee's job assignment during the term of treatment.

## DRUGS TO BE TESTED FOR:

### **Description and Background Information/Side Effects**

#### **Alcohol**

Alcohol is the most widely abused psychoactive drug in the United States today. Slang terms include booze, bubbly, firewater, joy juice, sauce, liquid courage, and many others. Legal for those aged 21 and over, drinking is a deeply rooted aspect of our culture. While there are many types of alcohol (an entire class of chemicals), the type that is found in drinks and medicines is known as 'ethyl alcohol' or 'ethanol.' A yeast enzyme changes the simple sugars that are found in grapes, potatoes, or corn into ethanol - the alcohol found in beer, malt liquor, wine, liquors such as vodka and whiskey, wine coolers, and liqueurs like Irish cream. Though many consider alcohol to have stimulant effects, it is actually classified as a depressant - a substance that slows the central nervous system. Other purposes for ethyl alcohol include uses as a chemical solvent, a local anesthetic, and an irritant. Pure alcohol is extremely potent and takes only a few ounces to raise a person's blood alcohol level into the danger zone. The ethanol concentration for common types of alcoholic drinks is as follows:

- **Beer: 4-6%**
- **Malt liquor: 5-8%**
- **Wine: 7-15%**
- **Wine coolers: 5-10%**
- **Champagne: 8-14%**
- **Hard liquor (Distilled spirits - vodka, rum, whiskey...): 40-95%**
- **Grain Alcohol: 95-97.5%**

*In general, it takes the average drinker's body one hour to metabolize one drink. As the amount of alcohol consumed exceeds the body's ability to metabolize it, the user's blood alcohol concentration (BAC) increases, and he or she begins to feel the effects of alcohol intoxication. As one's BAC continues to increase, the user will experience different levels of intoxication.*

Effects of Alcohol: The effects of drinking depend on a variety of factors, including, but not limited to the: Amount of alcohol consumed, Time taken to consume it, Individual's gender, weight, body size, and percentage of body fat, Amount of food in the stomach, Use of medications, including non-prescription drugs, Mindset of the individual at the time of consumption and the setting in which the drinking takes place.

*Also, mixing alcohol with other drugs can drastically increase the damaging effects of drinking. For example, combining alcohol with narcotics (i.e., heroin, OxyContin®, methadone) can cause slowed breathing, heart attack, and death. For some, even the combination of alcohol and aspirin can be extremely dangerous.*

Short-Term Effects: Slowed reaction time and reflexes, poor motor coordination, blurred vision, slurred speech, lowered inhibitions and increased in risk behavior, Lowered reasoning ability, impaired judgment, memory loss, confusion, anxiety, restlessness, slowed heart rate, reduced blood pressure, slowed breathing rate, heavy sweating, nausea and vomiting, dehydration, death from respiratory arrest.

Long-Term Effects: Over time, heavy drinking can cause permanent damage to the user's body and brain. Several factors affect the severity and extent of this damage, including the drinker's age and gender, as well as the duration and extent of abuse. Physical damage caused by sustained alcohol abuse include: Liver damage, Accumulation of fat in the liver, Cirrhosis (heavy scarring of the liver prevents blood flow- usually fatal), Alcoholic hepatitis, Liver cancer, Heart Damage, High blood pressure, Coronary disease (narrowing of the arteries), Enlarged heart, Irregular Heartbeat, decreased blood flow to arms/legs, Stroke, Brain Damage, Lower cognitive abilities, Destruction of brain cells, Mental Disorders (increased aggression, anti-social behavior, depression, anxiety), Damage to sense of Balance, Bone Damage, Osteoporosis, Pancreas Damage, Cancer (pancreas, liver, breasts, colon, rectum, mouth, pharynx, esophagus), Sexual problems, reduced sperm count and mobility, menstrual difficulties, early menopause, birth defects. Drinking alcohol while pregnant can cause permanent, severe damage, by putting the child at risk for Fetal Alcohol Syndrome.

## **Amphetamines**

Amphetamines are a group of synthetic psychoactive drugs called central nervous system (CNS) stimulants. The collective group of amphetamines includes amphetamine, dextroamphetamine, and methamphetamine. Amphetamine is made up of two distinct compounds: pure dextroamphetamine and pure levoamphetamine. Since dextroamphetamine is more potent than levoamphetamine, pure dextroamphetamine is also more potent than the amphetamine mixture. Medications containing amphetamines are prescribed for narcolepsy, obesity, and attention deficit/hyperactivity disorder. Prescription names for these medications include Adderall®, Dexedrine®, DextroStat®, and Desoxyn®. The basic molecule of amphetamine can be modified to emphasize specific actions—such as appetite suppressant, CNS stimulant, and cardiovascular actions—for certain medications, including diethylpropion, fenfluramine, methylphenidate (commonly known as the prescription drugs Ritalin® or Concerta®), and phenmetrazine. Both methylphenidate and amphetamine have been in Schedule II of the Controlled Substances Act since 1971. In medical use, there is controversy about whether the benefits of amphetamines prescribed for ADHD and weight loss outweigh the drug's harmful side effects. There is agreement, however, that prescription amphetamines are successful in treating narcolepsy. "Look-alike" drugs, which imitate the effects of amphetamines and contain substances legally available over-the-counter, including caffeine, ephedrine, and phenylpropanolamine, are sold on the street as "speed" and "uppers." Common Street Names include: bennies, black beauties, copilots, eye-openers, lid poppers, pep pills, speed, uppers, wake-ups, and white crosses, dexies, chalk, crank, crystal meth, zip, ice, crystal, glass.

**Method of Use:** Amphetamine and methamphetamine pills can be ingested orally, crushed and snorted, dissolved in water and injected, or smoked (inhalation of the vaporized drug). "Glass" and "ice" (pure methamphetamine, which look like clear crystalline rock) is most often smoked (vaporized and inhaled) in a glass pipe, allowing for quick absorption into the bloodstream without the risks of injecting the drug. "Crystal" the powder form of methamphetamines, is consumed orally, injected, or inhaled.

**Short-Term Effects:** High body temperature, Cardiovascular system failure, Hostility or paranoia, irregular/increased heart rate/heart beat, increased diastolic/systolic blood pressure, increased activity/talkativeness, Euphoria, Heightened sense of well-being, decreased fatigue, drowsiness, decreased appetite, dry mouth, dilated pupils, increased respiration, Heightened alertness/energy, Nausea, Headache, Palpitations, Altered Sexual Behavior, Tremor/Twitching of small muscles, release of social inhibitions, unrealistic feelings of cleverness, great competence, and power.

**Long-Term Effects:** Toxic Psychosis, Physiological and behavioral disorders, dizziness, pounding heartbeat, difficulty breathing, mood or mental changes, unusual tiredness or weakness, cardiac arrhythmias, repetitive motor activity, convulsions, coma and possibly even death, ulcers, malnutrition, mental illness, skin disorders, vitamin deficiency, flush or pale skin, loss of coordination and physical collapse.

## **Cannabinoids**

Marijuana, the most commonly used illicit drug in the United States, is taken from the leaves and flowering tops of the Cannabis sativa plant. It also comes in a more concentrated, resinous form, called hashish, and as a sticky black liquid called hash oil. The name "hemp" usually refers to low-THC varieties of cannabis that are grown for industrial uses (i.e., rope, clothing). The average potency of the drug has increased substantially in the last twenty years, although it can vary significantly, depending on the type of plant and its origin. The main psychoactive chemical in the plant is THC (delta-9-tetrahydrocannabinol), although marijuana contains some 400 other chemicals as well. Street names for this drug include: Weed, Pot, Bud, Herb, Grass, Reefer, Ganja, Green, Mary Jane, Cheeba, Dope, Endo, Buddha, Smoke, Wheezy.

Method of Use: Various methods of smoking marijuana include rolling it into "joints" (marijuana cigarettes) or "blunts" (marijuana rolled into the leaf wrap of a hollowed-out cigar). Smoking through a pipe or bowl, through a waterpipe (or "bong"), or a vaporizer are also common methods. While marijuana is most often smoked, it can also be ingested. The drug can be ingested alone or cooked into food, most notoriously in "hash brownies." In addition, it can be used to brew tea or "bhang," a highly potent beverage originating from India. The effects of smoking are typically felt within a few minutes and can peak in 10 to 30 minutes. Short-term effects from smoking generally wear off within 2 to 3 hours. And when eaten, the effects do not appear for 30 to 60 minutes, but can last up to 6 hours. It is important to note, however, that the effects of the drug can be very different than expected if the marijuana has been laced with other drugs.

Physical Effects: When a person smokes or ingests marijuana, THC and other chemicals enter the user's body. The chemicals make their way through the bloodstream to the brain, where THC and the neurotransmitter anandamide bond to cannabinoid receptors. High concentrations of these receptors exist in those parts of the brain associated with short-term memory and reasoning, coordination, and unconscious muscle movements. These findings may explain the loss of short-term memory and coordination associated with heavy marijuana use. Marijuana also causes the user's heart rate to increase, the mouth to become dry (commonly referred to as "cotton-mouth"), blood vessels in the eyes to expand (producing bloodshot eyes), and can also cause the "munchies" the increase in appetite that many users experience.

*Long-term marijuana use produces changes in the brain similar to those seen after long-term use of other drugs, and can cause behaviors such as uncontrollable drug craving, delinquent behavior, and aggression. Regular marijuana smokers also face some of the same problems as cigarette addicts, including daily cough and phlegm, symptoms of chronic bronchitis, and frequent chest colds. Because marijuana is usually smoked without a filter, the amount of carbon monoxide and tar inhaled by marijuana smokers is three to five times greater than that inhaled by tobacco smokers.*

Short-Term Effects: Dizziness/Trouble walking, Acting silly and giggly for no reason, red/blood shot or glazed eyes, anxiety and paranoia, Difficulty remembering things that just happened, disinterested in activities or other things that he/she usually enjoys.

Long-Term Effects: Limited Brain capacity to store and retrieve information, damage to the brain's memory functions, as well as math and verbal skills, sexual dysfunction and reproductive problems (including irregular sperm and lowered sperm count in men and menstrual and ovulatory disruption in women), Weakening of the immune system, increased risk of cancer and lung damage, increased blood pressure and risk of heart attack, loss of motivation and interest in everyday activities and future plans.

## **Cocaine**

Cocaine is a highly addictive drug of abuse. It is categorized as a stimulant, and is currently a Schedule II substance. Stimulants heighten the body's activity, including increases in energy, alertness, heart rate, and blood pressure. The form of cocaine that is commonly used is a white powder obtained from the leaves of the Erythroxylon Coca plant. Common Street Names for this drug include: Coke, Snow, Snow White, Rock, Powder, Blow, Flake, Charlie, Yeyo (Spanish), Nose Candy, Johnny, Sugar, Toot, Happy Trails

Method of Use: The most common method of using powder cocaine is snorting - sniffing the powder into the nasal passages. It can also be injected intravenously, ingested orally, or even rubbed on the user's gums. Powdered cocaine can also be smoked, as users occasionally sprinkle it on cigarettes or 'joints'. The drug can also be smoked as crack cocaine or 'freebase' after the powder has been processed into a rock form. Because smoking a substance allows it to reach the brain more quickly than other methods, smoking crack or freebase creates an intense and immediate high (in about 10 to 15 seconds), making the drug even more addictive.

Short-Term Effects: The immediate, intense cocaine high lasts about 15 to 30 minutes when snorting while effects from smoking last approximately 5 to 10 minutes; residual effects can continue for 1 to 2 hours, however. These effects include: Constricted blood vessels, Dilated pupils, Increased temperature, heart rate, and blood pressure, Stress on the heart and circulatory system, Increased energy and alertness; hyperstimulation, Euphoria, Decreased appetite, Impotence, Restlessness and insomnia, Irritability, Anxiety and paranoia, Increased possibility of risky behaviors that can lead to sexually transmitted illnesses or transmission of HIV or Hepatitis through shared needles.

Long-Term Effects: Headaches, Convulsions and seizures, Heart disease and heart attack, Stroke, Lung damage and disease (respiratory failure and difficulty breathing), Damage to the nasal septum (when snorting), Irritability and mood disturbances, Auditory and tactile hallucinations ("coke bugs"), Sexual dysfunction in both males and females, Reproductive damage and infertility, Sudden death - even one use can cause overdose or death

*Cocaine is a highly addictive substance, and users can quickly develop a tolerance to the drug, needing more of the substance to achieve the desired effects. Also, when use of the drug is stopped, withdrawal symptoms occur. These symptoms will be more severe the more heavily someone has been using cocaine. Users may continue using cocaine simply to relieve these effects of withdrawal. Symptoms can include depression, irritability, extreme fatigue, anxiety, and an intense craving for the drug.*

**Phencyclidine (PCP)**

Phencyclidine (PCP) is a synthetic dissociative drug originally developed as a general anesthetic. The effects of dissociative drugs like PCP include feelings of detachment from the environment and self. In its pure form, PCP is a white crystalline powder that dissolves easily in water or alcohol. As a liquid, it is clear, yellow, or tan and often is sold in vanilla extract bottles. PCP is also mixed with dyes to produce colored powder, tablets or capsules. It is currently a Schedule II controlled substance. Street Names for this drug include: Angel Dust , Amoeba, Amp, Belladonna, Animal Trank, Zoom, Peace Pills, Boat, Sherm Sticks, Super Grass, STP, Embalming Fluid.

Method of Use: PCP is ingested orally, snorted, smoked, or injected. When the powder form is snorted or sprinkled on marijuana, parsley, or mint, and smoked, the effects are felt within 2 to 5 minutes and last four to six hours. Users dip tobacco or marijuana cigarettes in liquid PCP and smoke it as well. PCP can be pressed into pills or put in capsules and swallowed; when ingested orally, effects are felt in 30 to 60 minutes and last 6 to 24 hours. Injection of PCP appears to be uncommon.

Short-Term Effects: The effects of PCP are influenced by the size of the dose, the setting in which it is taken, the users expectations of and past experience with the drug, and the users personality. The following psychological effects may occur and vary in intensity depending on the dosage. Doses of less than 5 mg may produce milder effects, while doses of 10 mg or more may lead to more intense and erratic behavior: Mild to intense euphoria, Relaxation or drowsiness, Feelings of unreality and dissociation with the environment, Distorted sense of ones body, including a feeling of weightlessness, Distorted sense of time and space, Visual and auditory hallucinations and other sensory distortions, Difficulty concentrating and thinking, Anxiety, Agitation, Paranoid thoughts, Confusion and disorientation, Intense feelings of alienation, Depression, Bizarre or hostile behavior, Obsession with trivial matters, Grandiose delusions, Panic, terror, and the overwhelming fear of imminent death.

Long-Term Effects: "Runs" - Chronic users may binge use PCP, taking it repeatedly for 2 or 3 days at a time without eating or sleeping, followed by a period of sleep. These runs may occur as many as four times in a month. Impaired memory, "Flashbacks" similar to those experienced by chronic LSD users, Persistent speech problems, such as stuttering, inability to articulate, or the inability to speak at all, Chronic and severe anxiety and depression, possibly leading to suicide attempts, Social withdrawal and isolation, Toxic psychosis may appear in chronic users who do not have a prior history of psychiatric disturbances. The symptoms of toxic psychosis are aggressive or hostile behavior, paranoia, delusional thinking and auditory hallucinations.

## **Opiates**

Opiates are so named because they are constituents or derivatives of alkaloids found in opium, which is processed from the latex sap of the opium poppy. The major biologically active opiates found in opium are morphine, codeine, and thebaine. Semi-synthetic opiates such as hydrocodone, hydromorphone, oxycodone, and oxymorphone are derived from these substances. Papaverine, noscapine and approximately 24 other alkaloids are also present in opium, but have little to no effect on the human central nervous system, and are not considered to be opiates. Opiates belong to the large biosynthetic group of benzylisoquinoline alkaloids. The full synthesis of opiates from naphthoquinone (Gates synthesis) or from other simple organic starting materials is tedious and not economical. Thus, most of the opiate-type analgesics in use today are extracted from *Papaver somniferum* or semi-synthesized from thebaine. Common street names for Opiates include: Heroin, Horse, Smack, Powder, etc.

Morphine is the most frequently-reported occurrences of opiate-induced pulmonary edema are among recreational heroin users. Although uncommon, reports of morphine-induced pulmonary edema are not unheard of. The primary difference is the more careful supervision of morphine administration compared to the lack of supervision and medical expertise among illicit heroin users. On the other hand, morphine may also be used in the treatment of pulmonary edema. Despite morphine's being the most medically-significant alkaloid, larger quantities of the milder codeine—most of it manufactured from morphine—are consumed medically, as codeine has a greater and more predictable oral bioavailability than morphine, making it easier to titrate one's dose.

Heroin (diacetylmorphine) is a highly addictive Schedule I drug, and a heavily abused and extremely potent opiate. It is processed from morphine, a naturally-occurring substance extracted from the opium poppy - *Papaver somniferum* - a plant indigenous to the Middle East and Southeast Asia. Pure heroin, which is a bitter-tasting white powder, is rarely sold on the streets. Most that is sold is a powder varying in color from white to dark brown. The differences in color are due to impurities in the manufacturing process and/or the presence of other drugs or additives such as powdered milk or quinine. Another form of heroin known as "black tar" is available mostly in the western and southwestern United States. This form is primarily made in Mexico using crude processing methods. Currently, it has become an issue because it is cheaper than conventional heroin, but is extremely potent and addictive.

Method of Use: Heroin is most often injected intravenously for a quick and potent high, but there is a rising segment of users who sniff, snort, and smoke heroin to avoid the dangers of sharing needles. There are also reports of users sniffing liquefied heroin using a nasal spray bottle, a practice known as "shabanging." Users have also been known to combine heroin and cocaine, snorting alternate lines or "crisscrossing," or injecting the two drugs simultaneously, called "speedballing." A common misconception is the idea that snorting or smoking heroin is not as addictive as injecting heroin. The truth is, however, that heroin is a highly addictive drug regardless of the route of administration.

Short-Term Effect: The short-term effects of heroin abuse appear soon after a single dose and last for a few hours. Intravenous injection provides the greatest intensity and most rapid onset of effects, as users can feel peak effects after 7 to 8 seconds. Intramuscular injection produces the euphoric high within 5 to 8 minutes, and when the drug is sniffed or smoked, effects are felt within 10 to 15 minutes. After taking heroin, the user reports feeling a surge of euphoria (or a "rush") accompanied by a warm flushing of the skin, a dry mouth, and heavy extremities. Following this initial euphoria, the user goes "on the nod" for several hours – a period of alternating between a wakeful and drowsy state. Mental functioning becomes clouded due to the depression of the central nervous system. Also, breathing may become slowed to the point of respiratory failure. Other short-term effects can include dry mouth, nausea, vomiting, and severe itching.

Long-Term Effect: After repeated use of heroin, more long-term effects may begin to appear. Chronic users may develop collapsed veins, infection of the heart lining and valves, abscesses (pus-filled infections), liver disease, and lung-related complications such as pneumonia. In addition to the effects of the drug itself, some heroin may contain additives that do not easily dilute in the bloodstream, resulting in clogging of the blood vessels in the lungs, liver, kidneys, or brain. Overdose, severe addiction, and/or death may also occur following initial use. In addition to the dangers of the drug itself, users who inject heroin also put themselves at risk for contracting HIV, Hepatitis B and C, and other blood-borne pathogens. This type of risk is the cause for controversial "needle-exchange programs" that have been established in areas of highest heroin use. Yet another threat for heroin users is that they cannot know the real strength of the drug or its true contents, putting them at an increased risk for overdose or even death.

### **Methadone**

Methadone is a synthetic, narcotic analgesic (pain reliever). Slang words include: Dollies, Dolls, Mud, Phyamps, Red Rock, Tootsie Roll, Amidone, Fizzies, Balloons, Breaze, Burdock, Buzz Bomb, Cartridges, Jungle Juice, Junk . Often used by and associated with the treatment of heroin addicts it is also used for other medical purposes such as pain relief. The drug shares many of the same effects and characteristics of morphine and acts in similar ways to it and other narcotic medications. However, with methadone the gradual and mild onset of action prevents the user from getting high and experiencing euphoric effects. Despite its use in the treatment community, there are addicts who use methadone as their primary drug of choice.

Method of Use: Methadone is dispensed primarily in oral forms, including tablets, powder, and liquid for the treatment of narcotics addiction. Single doses, which should not exceed 80 - 100 milligrams daily, can last anywhere from 24 to 36 hours depending on user characteristics (e.g., age, weight, level of addiction, and tolerance); the long-acting nature of the drug is a distinct advantage since it requires less frequent administration, limiting potential harmful effects. Tablet forms of the drug, sometimes called diskettes, contain approximately 40 milligrams of methadone and are often dissolved in water and ingested orally. There is also a white crystalline powder form available that is dissolved in water and swallowed. Finally, liquid is sometimes used in treatment clinics; with this method dosages of methadone can be tightly controlled and adjusted to as small as one milligram, this allows patients to receive just the right amount of methadone needed to curb their withdrawal symptoms.

Physical Effects: Though methadone is primarily used for treating narcotics addiction, users can still experience negative physical effects. Careful monitoring and a close relationship between a doctor and the patient are essential to its proper use. Reinforcing effects of methadone are limited, as the drug is designed to block the pleasurable effects of opiates, but only when administered in the correct dosage(s). Some of the physical and side effects of methadone are:

Short-Term Effects: Restlessness, Vomiting, Nausea, Slowed breathing, Itchy skin, Pupil contraction, Severe sweating, Constipation, Sexual Dysfunction and possible Death.

Long-Term Effects: Lung and respiration problems.

**By State of Florida Law, our Company must test for the minimal of drugs which is described as a five (5) panel test (amphetamines, opiates, cocaine, PCP, cannabinoids), but is allowed to test up to all drugs and alcohol.**

## REFUSUAL TO TEST

If a covered employee refuses to submit a drug and/or alcohol test under the circumstances described above, he/she forfeits his/her eligibility for medical and indemnity benefits and will be terminated immediately.

## CHALLENGE TO TEST RESULTS

A requirement of a drug-free workplace program is that within five (5) working days after receiving notice of a positive, confirmed test result, the employee must be allowed to submit information to the Medical Review Officer explaining or contesting the test results. If the employee's explanation or challenge of the positive test result is unsatisfactory to the employer, the employee must be notified within fifteen (15) days that the explanation is unsatisfactory and shall be given a copy of the positive test results. All documentation shall be kept confidential by the employer and shall be retained by the employer for at least one (1) year.

An employer or job applicant may undertake an administrative challenge by filing a claim for benefits with a Judge or Compensation Claims pursuant to Chapter 440 F.S. or if no workplace injury has occurred, the person must challenge the test result in a court of competent jurisdiction.

## EMPLOYEE'S RESPONSIBILITY

When an employee undertakes a challenge, it shall be the employee's responsibility to notify the Medical Review Officer and the sample shall be retained by the laboratory until the case is settled.

## LABORATORY ASSISTANCE

The Medical Review Officer, designated by this company, shall provide clinical/technical assistance to the employee for the purpose of interpreting positive, confirmed test results which could have been caused by prescription or non-prescription medication taken by the employee. Additionally, employee and job applicants have the right to consult the laboratory for the technical information regarding prescription or non-prescription medication.

## EMPLOYEE PROTECTION

Upon implementation of a drug-free workplace program, the employer shall detail in writing, within seven (7) days after testing an employee who had exhibited suspicious behavior, the circumstances leading to a determination of reasonable suspicion of drug and/or alcohol abuse to warrant the testing. A copy of this documentation shall be given to the employee upon request and the original documentation shall be kept and retained to the employer for at least one (1) year.

During the 180 day period after written notification of a positive test result, the employee or job applicant who has provided the specimen shall be permitted by the employer to have a portion of the specimen re-tested at the employee's expense. Such retesting shall be done at another HRS licensed or NIDA approved laboratory chosen by the employee or job applicant. The second laboratory must test for equal or greater sensitivity for the drug in question. The first laboratory is responsible for the transfer of the portion of the sample to be re-tested, and for the integrity of the chain-of-custody during the transfer.

The testing laboratory may not disclose any information concerning the health or mental condition of the tested employee.

This company may not request or receive from any testing facility any information concerning the personal health, habits, or condition of the employee or job applicant, including the presence or absence of HIV antibodies in that persons body fluids.

This company may not discharge, discipline, refuse to hire, discriminate against, or request or require rehabilitation of an employee or job applicant on the sole basis of a positive test result that has not been verified by a confirmation test.

***ALL POSITIVE RESULTS ARE AUTOMATICALLY RE-TESTED AT THE COMPANY'S EXPENSE FOR CONFIRMATION BEFORE ANY ACTION IS TAKEN REGARDING THE EMPLOYEE OR APPLICANT.***

This company may not discharge, discipline or discriminate against an employee solely on the employee's voluntary seeking of treatment while employed by the company for a dug-related incident, if the employee has not previously tested positive for the drug, entered an employee assistance program for drug related problems, or entered an alcohol and drug rehabilitation program.

## RANDOM TESTING (NOT REQUIRED, BUT PERMITTED UNDER FLORIDA STATUES)

A third-party company designated by this company will generate a computerized random list of employees who can be required to submit a random drug screen. When an employee is chosen for a random drug screen, their name automatically returns to the pool for future random tests. Refusal to test in accordance with FL Statues will be considered a positive test result; therefore the employee faces the disciplinary action set by this company.

## COLLECTIVE BARGAINING RIGHTS

This policy does not eliminate the bargaining rights of any employee covered under any collective bargaining agreement between this company and any certified labor organization as provided in the collective bargaining process, if applicable.

## HRS CERTIFIED TESTING LABORATORIES AND MEDICAL REVIEW OFFICER

The following information may change at any time, due to the nature of the drug screen or any unforeseen circumstances. Any changes shall be given upon request.

## COMPANY DISCIPLINARY ACTION **FOR A POSITIVE CONFIRMED DRUG AND/OR ALCOHOL SCREEN**

*Victory Concrete Contractors, Inc.* hereby states its policy relating to those employees who test positive on a drug and/or alcohol screen to be as follows:

- This Company has decided to have a zero tolerance drug-free work-place policy. Any employee who tests positive on a drug and/or alcohol screen will be terminated from their employment.
- Any Employee who tests positive on a drug and/or alcohol screen will be terminated from their employment. If he/she is able to successfully obtain substance abuse treatment, at their expense, and their job is still available, he/she will be given one (1) chance to be re-hired, upon the negative return-to-work drug and/or alcohol screen. He/she will then undergo random drug and/or alcohol screens for a period of two (2) years as a follow-up treatment. If he/she tests positive on any of their follow-up drug and/or alcohol screens, he/she will be terminated from their employment.

If an employee refuses to take a periodic, random, post-accident, routine fitness for duty or reasonable suspicion drug and/or alcohol screen, he/she will be terminated from employment.

Any employee using, selling, purchasing, possessing, soliciting or distributing drugs and/or alcohol on duty and on company property will be terminated immediately from employment.

## Substance/Drug Abuse Treatment Centers and Locations

### Central Florida Treatment Center

3155 Lake Worth Road  
Palm Springs, Florida 33461  
Phone: (561) 439-8440

### Delray Center for Healing

403 S.E. 1<sup>st</sup> Street  
Delray Beach, Florida 33483  
Phone: (561) 303-2629

### Ambrosia Substance Abuse Treatment Center

2626 Lake Drive  
West Palm Beach, Florida 33404  
Phone: (561) 844-5952

### Resolutions

2151 45<sup>th</sup> Street  
West Palm Beach, Florida 33407  
Phone: (561) 863-4117

### Palm Beach Detox Center

6076 Okeechobee Boulevard  
West Palm Beach, Florida 33417  
Phone: (561) 337-6842

### Gratitude House

1700 North Dixie Highway  
West Palm Beach, Florida 33409  
Phone: (561) 833-6826

### CARP, Inc.

5410 East Avenue  
West Palm Beach, Florida 33409  
Phone: (561) 844-6400

### Treatment Center

325 Clematis Street  
Suite #144  
West Palm Beach, Florida 33401  
Phone: (561) 247-1664

### The Drug Abuse Treatment Association

1041 45<sup>th</sup> Street  
West Palm Beach, Florida 33405  
Phone: (561) 844-9661

### Serene Treatment, Inc.

1860 Old Okeechobee Road  
West Palm Beach, Florida 33409  
Phone: (561) 478-2238

### Palm Beach Institute

1017 North Olive Avenue  
West Palm Beach, Florida 33401  
Phone: (800) 247-1664

### Palm Beach Institute

310 10<sup>th</sup> Street  
West Palm Beach, Florida 33401  
Phone: (800) 433-5098

### Drug & Alcohol Rehab of West Palm Beach

920 South Dixie Highway  
West Palm Beach, Florida 33401  
Phone: (561) 767-8934

### Pathways to Peace for Women

500 South Australian Avenue  
West Palm Beach, Florida 33401  
Phone: (561) 293-2501

### Banyan Group

1920 Palm Beach Lakes Boulevard  
West Palm Beach, Florida 33409  
Phone: (561) 967-2566

### D A T A Drug Abuse Treatment Association, Inc.

1720 East Tiffany Drive  
West Palm Beach, Florida 33403  
Phone: (561) 844-3556

### Addiction Recovery & Counseling Corporation

655 North Military Trail  
West Palm Beach, Florida 33415  
Phone: (561) 683-5497

### West Palm Beach Treatment Center

1497 Forest Hill Boulevard  
West Palm Beach, Florida 33406  
Phone: (561)433-5687

## EMPLOYMENT ACKNOWLEDGEMENT AGREEMENT

I hereby acknowledge that I have received this company's Drug-Free Workplace Program, which includes the company drug-free workplace policy, employee assistance information, a listing of drugs being tested for, common over-the-counter medications which may alter a drug test and educational material on substance abuse.

I freely and voluntarily agree and realize that as a part of my employment, I may be subjected to future drug and/or alcohol screens for reasonable suspicion, routine fitness-for-duty, follow-up, and/or random drug testing at the company's discretion. I understand that refusal to submit a blood, urinalysis, and/or hair screen or a positive confirmed drug and/or alcohol test, will result in immediate dismissal from employment.

I agree to voluntarily submit to a blood, urinalysis, and/or hair screen for drug or alcohol use as a part of my ongoing employment, and I release my employer from any liability resulting from my participation in such a screening.

I understand that if I am injured during the course and scope of my employment and I test positive for the presence of alcohol and/or drugs, I may forfeit my eligibility for medical and indemnity benefits under Florida's Workers' Compensation Law (Florida Statutes 440.101, 440.102). I also understand that a refusal to test under this circumstance will automatically result in forfeiture of my eligibility for medical and indemnity benefits and immediate dismissal from employment.

I hereby give my consent to release the results of my blood, urinalysis and/or hair screen to the person(s) or department(s) or the specified agent of my employer for the purpose of determining the presence of alcohol and/or other drugs in my body after the duration of my employment. This includes Total Compliance Network's Medical Review Officer and any other company designated Medical Review Officer, as listed in the company's policy.

## EMPLOYMENT ACKNOWLEDGEMENT AGREEMENT

I, the undersigned employee, hereby acknowledge that I have read a copy of the over-the-counter and prescription medications which may affect the results of a drug or alcohol test. The following is a list of all such medications that I have used in the past thirty (30) days, which I am providing voluntarily to the Human Resources Director and Medical Review Officer. I understand that the company shall treat this information as confidential.

Name of Medication: \_\_\_\_\_  prescription  non-prescription

