



BOYS & GIRLS CLUBS
OF INDIAN RIVER COUNTY

Boys & Girls Clubs
of Indian River County, Inc.
1729 17th Avenue
Vero Beach, Florida 32960
Tel 772-299-7449
Fax 772-299-3840

Application for Employment

PERSONAL INFORMATION - Please print

Date: _____

Name: _____ Social Security # _____ - _____ - _____

Home Phone: _____ Cell Phone: _____

Driver's License State: _____ Driver's License #: _____

Address City State Zip Code

Previous Address City State Zip Code

Do you have transportation to the Club? Yes No How? _____

Have you ever been convicted/pled no contest to a felony or had a felony adjudication withheld? If yes, please explain.

EMPLOYMENT INTEREST

Position for which you are applying _____

Desired salary \$ _____ per Total hours available per week _____

Have you ever applied to or been employed by the Boys & Girls Clubs Before? Yes No If so, when and where?

Are you currently employed? Yes No If YES, may we contact your employer? Yes No

How did you hear about the Boys & Girls Clubs for employment? _____

EDUCATION

	Name of School	Courses	Last Grade Completed/ Did you Graduate?
High School			
College Business or Vocational			

EMPLOYMENT HISTORY

Dates: Most Recent First	Employer Name/State/Phone	Position & Supervisor	Salary	Reason for Leaving
From: To:				
From: To:				
From: To:				

PERSONAL REFERENCES

Name	Phone	Relationship/Years Known

Do you have any mental or physical medical problems that would prevent you from performing this job as it is described?

If so, please explain _____

I CERTIFY THAT ALL STATEMENTS ON THIS APPLICATION ARE TRUE AND HEREBY AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT FALSE STATEMENTS ARE GROUNDS FOR DISMISSAL. I FURTHER UNDERSTAND THAT IF EMPLOYED, REGULAR EMPLOYMENT WILL BE CONDITIONAL UPON THE SATISFACTORY COMPLETION OF A 90-DAY INITIAL PERIOD.

Signature of Applicant _____ Date _____



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PRE-EMPLOYMENT INQUIRY RELEASE

In connection with my application for employment (including contract for services) with you, I understand that investigative background inquiries are to be made on myself including consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance and experience along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences. A controlled substance test will also be administered.

I authorize without reservation, any party or agency contacted by this employer to furnish the above mentioned information.

I hereby consent to your obtaining the above information. I understand to aid in the proper identification of my file or records the following information, as well as other information, may be necessary.

Print Full Name _____
(Include full middle name)

Social Security # _____ Date of Birth _____ Sex _____

Driver's License # _____ State Issued _____

Current Address _____

City _____ State _____ Zip Code _____

Applicant's Signature _____ Date _____

GREAT FUTURES START HERE.

Drug-Free Workplace Policy Summary
Read carefully, ask any questions and initial each item separately.

_____ I hereby acknowledge that I have received a summary of the Employer's Drug-Free Workplace Policy. I have had the opportunity to read the Employer's Drug-Free Workplace program and receive satisfactory answers to any questions that I have. I have also received a copy of the list of over-the-counter and prescription drugs that could alter or affect the outcome of a drug test.

_____ I know that if I am taking a medicine that could affect my ability to perform my job (i.e., there are warning labels on the container) I must inform my supervisor immediately.

_____ I know that if I refuse to submit to a pre-employment drug test I will not be hired and my employment is conditioned upon a negative drug test result.

_____ I know that total compliance with the Employer's Drug-Free Workplace Policy is a condition of continued employment.

_____ I know that if I refuse a reasonable suspicion, post-injury, post accident, random, fitness-for-duty or post-treatment drug or alcohol test I may lost my job, my unemployment benefits, and my workers' compensation medical and indemnity benefits.

_____ I know that if I am injured or cause or contribute to the cause of an injury or an accident and test positive for drugs or alcohol I will be subject to discipline up to and including discharge.

_____ I know that If I enter into a treatment program for drug and alcohol abuse and test positive for drugs or alcohol following completion of the primary phase of my treatment I will be subject to discipline up to and including discharge.

_____ I know that I have the right to challenge any positive test result and that I must notify the laboratory that I am challenging the test result.

_____ I know that if I am convicted of a drug related crime in must notify my supervisor within five working days.

_____ I agree to comply with the drug and alcohol testing requirements of the Employer's Drug-Free Workplace Policy. I give my informed consent for the release of drug and/or alcohol test results to the Employer.

_____ I have read and understood each of the preceding items that I have initialed. I have had the opportunity to question any item that I did not understand. I have voluntarily signed this form.

Employee

Date

I hereby refuse to submit to a drug test as part of the Employer's Drug-Free Workplace Program.

Employee

Date



Drug-Free Workplace Policy

This is your official notification that **Boys & Girls Clubs of Indian River County, Inc.** is implementing a “Drug-Free Workplace” as authorized by F.S. 440.102 and Chapter 38F-9 of the Florida Administrative Code. All employees are absolutely prohibited from unlawfully manufacturing, distributing, possessing or using controlled or illegal substances in the workplace. It is a condition of employment to refrain from taking illegal drugs on or off the job.

The employer has established this drug-free workplace policy to deter us of drugs and alcohol in the workplace by establishing standards and procedures for drug testing of certain employees and job applicants. We hope this policy will result in a safe working environment for all of the employees. We urge those of you who believe you may have a drug and/or alcohol problem to voluntarily seek treatment. Workers’ compensation Drug Testing Rule 38F-9.010(6) states:

No employer shall discharge, discipline or discriminate against an employee solely upon the employees voluntarily seeking treatment while under the employment of the employer for a drug related problem if the employee has not previously tested positive for drug use, entered an employee assistance program for drug related problems or entered an alcohol and drug rehabilitation program.

Employees will be subject to the following drug tests:

Job Applicant Testing: All applicants for a position with the Employer will be tested. A refusal to submit to a test or positive confirmed test result will be used as a basis to reject the applicant for employment at that time.

Reasonable Suspicion Testing: An employee may be required to submit for testing when the employer has a reasonable suspicion, as defined in the Act, that an employee is using or has used drugs in violation of the employer’s policy. The employer has a reason to suspect an employee when it has a reasonable belief that the employee:

- Possesses or uses drugs or alcohol at the workplace;
- is observed intoxicated or impaired by drugs or alcohol;
- has been reported by a reliable and credible source as using drugs;
- has tampered with a drug test;
- has caused or contributed to or been involved in an accident while at work;
- is engaged in abnormal conduct or erratic behavior while at work;
- shows significant deterioration in work performance; evidence that an employee has used, possessed, sold, solicited or transferred drugs while working.

The reason to suspect shall be based on specific and particular facts and the reasonable inferences drawn from those facts in light of experience.

Routine Fitness for Duty Testing: An employee may be asked to submit to a drug test as part of a routinely scheduled fitness for duty medical examination that is either part of the employer's established policy or that is scheduled routinely for all members of an employment classification or group.

The employer initially establishes two employment classifications which require routine fitness for duty testing. Those classifications are operators of hazardous equipment or machinery and employer drivers. All employees so classified must submit to annual testing.

Follow-up Testing: An employee, who while employed, enters an employee assistance program for drug related problems or an alcohol and drug rehabilitation program, may be tested as a follow-up measure and thereafter on a quarterly, semiannually or annual basis for two (2) years thereafter.

Drug Tested: You may be tested for any or all of the following:

Alcohol	Amphetamines	Barbiturates	Benzodiazepines
Cannabinoids	Cocaine	Methadone	Methaqualone
Opiates	Phencyclidine	Propoxyphene	

Reporting Use of Prescription or Non-Prescription Medications: An employee or job applicant may confidentially report the use of prescription or non-prescription medications, both before and after being tested. Presence of some prescription and non-prescription medications in the body may affect the outcome of the test. A list of the most common medications, which may alter or affect a drug test, is attached.

Confidentiality: All information, interviews, reports, statements, memoranda, and drug and alcohol test results, written or otherwise received by the Employer through this Policy are confidential communications and will be maintained in a separate file. The Employer, any laboratory, Employee Assistance Program, drug or alcohol treatment program or their agents who receive or have access to this information concerning drug test results shall keep it confidential. Release of such information under any circumstances shall be solely pursuant to a signed written informed consent form, unless such release is compelled by a hearing officer or court of competent jurisdiction or if deemed appropriate by a professional or occupational licensing board in a related disciplinary proceeding. Additionally, the Employer, its agent, the laboratory or treatment program shall not be prohibited from releasing this information when consulting legal counsel in actions brought under or related to Section 440.102 Florida Statutes, or when such information is relevant to its defense in a civil or administrative matter.

Consequences of Testing Positive or Refusal to Allow Testing

- **Job Applicants:** An applicant who refuses a drug test will not be hired. An applicant who submits to a drug test which is both positive and confirmed as positive will not be hired.
- **Employed worker who has not been injured:** In the event an employed worker who has not been injured, refuses to submit a drug test or is tested positive and confirmed positive may be subject to one or more of the following requirements:

Attend educational seminars and courses and participate in an employee assistance program.

Require attendance at rehabilitation programs.

Agree to reasonable discipline, which may include job transfer to a less hazardous position, probationary employment and/or reduction in compensation.

Immediate discharge from employment.

An employed worker who is injured: In the event of an employed worker is injured in the course and scope of their employment and who refuses to submit to a drug test or who submits and is tested pursuant to employer policy and who has a positive confirmation of a drug shall:

Forfeit their eligibility for medical and indemnity benefits under the Workers' Compensation Act.

Forfeit their eligibility for unemployment benefits

Be terminated from employment

Otherwise subject to the sanctions provided above for an employed worker who is not injured.

Convictions: If you are convicted of any drug related crime (sale, use or possession), you must notify the employer's human resource department within five days of your conviction. Failure to notify the employer of such conviction is grounds for termination.

Definitions: The definitions used in this drug-free workplace policy are those stated in the State of Florida Department of Labor and Employment Security Workers' Compensation Drug Testing Rule Chapter 38F-9.

Alcohol refers to ethyl alcohol (ethanol). References to use of alcohol include use of any beverage, mixture or preparation containing ethyl alcohol.

Chain of Custody refers to the methodology of tracking specified materials or substances for the purpose of maintaining control and accountability from initial collection to final disposition for all such materials or substances and providing for accountability at each stage in handling, testing, storing, and reporting of test results.

Collection Site refers to a place where individuals present themselves for the purpose of providing a specimen to be analyzed for the presence of drugs.

Collection Site Person refers to a person provided by an approved laboratory who instructs and assists individuals at a collection site and who receives and makes an initial examination of the specimen provided by those individuals.

Company refers to the entity that provides employment.

Confirmation test, confirmed test, or confirmed drug test refers to a second analytical procedure run on a sample that was positive on the initial screening test. The confirmation test must be different in scientific principle from that of the initial test procedure. The confirmation method must be capable of providing requisite specificity, sensitivity and quantitative accuracy. The confirmation test for alcohol will be gas chromatography and the confirmation test for all drugs will be gas chromatography/mass spectrometry.

Controlled Substance is any substance which is not legally obtainable or which can only be legally obtained by a prescription from a licensed medical practitioner.

CG/MS refers to gas chromatography/mass spectrometry.

Division refers to the Division of Workers' Compensation of the Department of Labor and Employment Security of the State of Florida.

Drug refers to alcohol, including distilled spirits, wine, malt beverages and intoxicating liquors, amphetamines, cannabinoids, cocaine, phencyclidine (PCP), hallucinogens, Methaqualone, opiates, barbiturates, benzodiazepines, synthetic narcotics, designer drugs, or a metabolite of any substance listed herein.

Drug Test refers to any chemical, biological or physical instrumental analysis administered by a laboratory certified by the United States Department of Health and Human Services or licensed by the Agency for Health Care Administration for the purpose of determining the presence or absence of a drug or its metabolites.

Employee refers to a person to perform services for salary, wages or other remuneration for an employer and is covered by the Workers' Compensation Act.

Employee Assistance Program refers to an established program capable of providing expert assessment of employee personal concerns; confidential and timely identification services with regard to employee drug abuse; referrals of employees for appropriate diagnosis, treatment, and

assistance; and follow-up services for employees who participate in the program or require monitoring after returning to work. If, in addition to the above activities, an Employee Assistance Program provides diagnostic and treatment service, these services shall in all cases be provided by service providers pursuant to FS.397.311(29).

Employer refers to a person or entity that employs individuals in Florida and is covered by the Florida Workers' Compensation Act.

Fitness-For-Duty Testing refers to if you are required to have a fitness-for-duty physical on an annual or bi-annual basis because of federal, state or other requirements, a drug test will be included as part of the physical.

Illegal Substances refers to any substance which is not legally obtainable or which is legally obtainable, but has not been legally obtained. This includes the following drugs: amphetamines, barbiturates, benzodiazepines, cannabinoids (marijuana), cocaine, Methaqualone, methadone, opiates, propoxyphene and PCP which are used unlawfully or abused. Unlawful usage refers to the illegal obtaining, possessing and/or using of a drug as defined by the Controlled Substance Act or state or local regulations.

This term also includes prescribed drugs not legally obtained, prescribed drugs not being used for prescribed purposes and over-the-counter drugs not being used according to the manufacturer's directions.

Impairment This policy is primarily concerned with the effects of alcohol/drug use in performance, regardless of when the substances were ingested. This concern, therefore, considers impairment as not only being under the influence of a substance, but also the after-effects of usage, (e.g. hangover, withdrawal symptoms, fatigue, etc.).

Initial Drug Test refers to a sensitive, rapid and reliable procedure to identify negative and presumptive positive specimens. All initial tests shall use an immunoassay procedure or an equivalent, or shall use a more accurate scientifically accepted method approved by the Agency for Health Care Administration as such more accurate technology becomes available in a cost-effective form.

Job Applicant refers to a person who has applied for a position with an employer and has been offered employment conditioned upon successfully passing a drug test, and may have begun work pending the results of the drug test. For a public employer, a "Job Applicant" is a person who has applied for a special-risk or safety-sensitive position.

Laboratory refers to a facility, inside or outside the State of Florida, licensed by the Agency for Healthcare Administration or in certain cases, a facility certified by the National Institute of Drug Abuse (NIDA) to analyze specimens for the detection of drugs.

Legal Substance includes and prescribed substance or over-the-counter medication that has been legally obtained and is being used for the purpose for which it was prescribed or manufactured. Employees who lawfully take over-the-counter or prescribed medications are responsible for understanding how their job performance may be affected and are responsible for reporting to their supervisor any potential impairment in their ability to perform their duties.

Medical Review Officer or MRO refers to a licensed physician, employed with or contracted with by an employer, who is responsible for contacting all positively tested individuals to inquire about possible prescriptive or over-the-counter medications which could have caused a positive test result. The MRO must have knowledge of substance abuse disorders and have the appropriate medical training to interpret and evaluate a positive test result with prescriptive or other relevant medical information.

Non prescription controlled substances refers to amphetamines; cannabinoids; cocaine; phencyclidine (PCP); hallucinogens; methaqualone; opiates; barbiturates; benzodiazepines; synthetic narcotics; designer drugs obtained without prescription.

Non prescription medication refers to a medication that is authorized pursuant to the State or federal law for general distribution and use without prescription in the treatment of human disease, ailments or injuries.

Positive Screening Result is a screening result from a urinalysis, blood test or other controlled substance or alcohol test indicating that controlled substances or alcohol are present in the employee/applicant's system.

Post-Injury Testing If you are injured on the job and require medical attention beyond first-aid, you must submit to a drug and alcohol test. If you could have caused or contributed to the cause of an injury requiring medical attention beyond first-aid, you must submit to a drug and alcohol test.

Post-Accident Testing If you caused, could have caused, or contributed to the cause of an accident where property damage occurs, you must submit to a drug and alcohol test.

Post Treatment Testing (Follow-Up Testing) If you enter the Employee Assistance Program for drug or alcohol related problems or enter an alcohol or drug rehabilitation program, you must

submit to a drug or alcohol testing as a follow-up to such a program on a quarterly, semi-annually, or annual basis for a period up to two years.

Prescription Medication refers to a drug or medication obtained pursuant to a prescription as defined by s.893.02(17).

Public Employer refers to any agency within the state, county, or municipal government that employs individuals for salary, wages, or other remuneration.

Reasonable Suspicion Drug Testing refers to any testing based on a belief that an employee is using or has used drugs in violation of the employers policy, drawn from specific objective articulated facts and reasonable inferences drawn from those facts in light of experience. Among other things, such facts and inferences may be based on:

- Observable phenomena while at work, such as direct observation of drug use or 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, contributed to, or been involved in 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.

Reason to Suspect refers to an articulate belief that an employee possesses or used drugs or alcohol at the workplace, is intoxicated or impaired by drugs or alcohol, based on specific and particularized facts and reasonable inferences drawn from these facts in light of experience.

Safety Sensitive Position refers to 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.

Special-Risk Position refers to, with respect to a public employer, a position that is required to be filled by a person who is certified under Chapter 633 or Chapter 943.

Specimen refers to the level at which the presence of a drug or alcohol can be reasonably expected to be detected by an initial and confirmatory test performed by a laboratory that meets standards established herein. The threshold detection level indicates the level at which valid conclusion can be drawn that the drug or alcohol is present in the employees sample.

Threshold Detection Level refers to the level at which the presence of a drug or alcohol can be reasonably expected to be detected by an initial and confirmatory test performed by a laboratory that meets standards established herein. The threshold detection level indicates the level at which valid conclusion can be drawn that the drug or alcohol is present in the employees sample. Boys & Girls Clubs of Indian River County, Inc. has a Zero Tolerance for alcohol.

Under the Influence refers to that the employee is affected by drugs and alcohol or the combination of drugs and alcohol in a detectable manner. A determination of such influence can be established by a professional opinion, a scientifically valid test, or in some cases, by a lab person's opinion.

Over-the-Counter and Prescription Drugs that Could Alter or Affect the Outcome of a Drug Test

Alcohol:

All liquid medications containing ethyl alcohol (ethanol). Read the label for alcohol content.

Amphetamines:

Obetrol, Biphetamine, Desoxyn, Dexedrine, Didrex

Cannabinoids (marijuana)

Marinol (Dronabinol, THC)

Cocaine:

Cocaine HCl topical solution (Roxanne)

Opiate:

Paregoric, Parepectolin, Donnagel PG, Tylenol with Codeine, Empirin with Codein, Aspirin with Codein, Robitussin AC, Guiatuss AC, Novahistine DG, novahistine Expectorant, Dilaudid (hydromorphone), M S Contin and Roxonal (morphine sulfate, Percodan, Vicodin, ect.)

Barbiturates:

Penobarbital, Tuinal, Amytal, Nembutal, Seconal, Lotusate, Fiorinal, Fioricet, Esgic, Butisol, Mebaral, Butabarbital, Phrenilin, Triad, etc.

Benzodiazepines:

Ativan, Azene, Clonopin, Dalmane, Diazepam, Librium, Xanax, Serax, Tranxene, Valium, Verstran, Halcion, Poxipam, Restoril, Centrax.

Methadone:

Dolophine, Methadose

Propoxyphene:

Darvocet, Darvon N, Dolen, etc.

If you are being given this list as a preparation for a drug or alcohol test, it is imperative for you to bring a picture ID with you to the collection site, a Release of Confidential Information Form, and to report to the testing technician any prescribed or over-the-counter medications you have taken during the past thirty days.

Miscellaneous

- A notice of drug testing in vacancy announcements shall be included for those positions where drug testing is required.
- A notice of the employer’s drug testing policy shall be posted in an appropriate and conspicuous location on the employer’s premises. Copies of the policy are made available for inspection during regular business hours by the general public.
- All drug testing will be conducted by an employer designated laboratory, which is licensed and approved by the Agency for Health Care Administration. The testing will be conducted with appropriate chain of custody procedures in place to ensure accuracy and continuity in specimen collection, handling and transfer and storage.
- A current resource file of providers of employee assistance programs including alcohol and drug abuse programs, mental health providers and various other persons, entities or organizations designed to assist employees with personal or behavioral problems shall be maintained. This includes, but is not limited to, those referenced in “The Florida Comprehensive Directory, Drug Abuse and Mental Services” published by the Department of Health and Rehabilitative Services.
- The employer will provide an annual education course to assist employees and/or supervisors in identifying personal and emotional problems which may result in the misuse of alcohol or drugs. This course will also include a presentation on the legal, social, physical and emotional consequences of the misuse of alcohol and/or drugs.
- All applicants for employment and current company employees shall be informed of the drug policy. An applicant is defined as a person who has applied for a position with the employer and who has been offered a job contingent upon successfully passing a drug test. Two copies of the policy’s consent form shall be given to applicant; one signed, dated and returned to the employer and one kept by the employee.
- If the initial test is negative, the employer may request a confirmation test, at the expense of the employer. If the initial test is positive, a confirmation test with the laboratory must be obtained, at the employer’s expense.
- The employer shall provide the employee or applicant, upon request in writing a copy of the test results. An employee or job applicant whose drug test is confirmed as positive in accordance with this program shall not, by virtue of the result alone, be deemed to have a “handicap” or “disability” as defined under federal, state or local handicap and disability discrimination laws.
- The employer shall employ or contract with a medical review office (MRO) who is responsible for receiving and reviewing all confirmation results from a laboratory. This medical review officer is responsible for contacting all positive tested individuals to inquire about possible prescriptive or over-the-counter medications which could have caused a positive result. The MRO shall notify the employer’s director of human resources only of the verbal and written results. Confidentiality of drug testing shall be maintained.

This policy supersedes all previous drug-free workplace policies. The employer reserves the right to amend, change or alter this Policy without the consent of its employees.

_____	Executive Director	July 14, 2011
Name	Title	Date

Drug-Free Workplace Policy Summary
Read carefully, ask any questions and initial each item separately.

_____ I hereby acknowledge that I have received a summary of the Employer's Drug-Free Workplace Policy. I have had the opportunity to read the Employer's Drug-Free Workplace program and receive satisfactory answers to any questions that I have. I have also received a copy of the list of over-the-counter and prescription drugs that could alter or affect the outcome of a drug test.

_____ I know that if I am taking a medicine that could affect my ability to perform my job (i.e., there are warning labels on the container) I must inform my supervisor immediately.

_____ I know that if I refuse to submit to a pre-employment drug test I will not be hired and my employment is conditioned upon a negative drug test result.

_____ I know that total compliance with the Employer's Drug-Free Workplace Policy is a condition of continued employment.

_____ I know that if I refuse a reasonable suspicion, post-injury, post accident, random, fitness-for-duty or post-treatment drug or alcohol test I may lost my job, my unemployment benefits, and my workers' compensation medical and indemnity benefits.

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_____ I know that I have the right to challenge any positive test result and that I must notify the laboratory that I am challenging the test result.

_____ I know that if I am convicted of a drug related crime in must notify my supervisor within five working days.

_____ I agree to comply with the drug and alcohol testing requirements of the Employer's Drug-Free Workplace Policy. I give my informed consent for the release of drug and/or alcohol test results to the Employer.

_____ I have read and understood each of the preceding items that I have initialed. I have had the opportunity to question any item that I did not understand. I have voluntarily signed this form.

Employee

Date

I hereby refuse to submit to a drug test as part of the Employer's Drug-Free Workplace Program.

Employee

Date