



APPLICANT/EMPLOYEE CONSENT AND RELEASE FORM

DRUG-FREE WORKPLACE

I _____, hereby voluntarily consent to a urine test, including the collection of a sample of my urine, for the purpose of urinalysis pursuant of Johnston Community School Foundation's Drug Policy. I acknowledge that I have been given notice of the Drug Policy and that I understand it. I further consent to the disclosure of the test result(s) and any test-related information by and between the Johnston Community School Foundation collection facility, testing laboratory, and appropriate supervisory and managerial personnel.

Print Name _____

Address _____

Social Security _____

Birthday _____

Signature _____

Date _____

(To be retained in employee's personnel file)



LETTER OF UNDERSTANDING AND ACCEPTANCE OF COMPANY POLICY:

DRUG WORKPLACE POLICY

I. _____, have read the attached policy and understand that Johnston Community School Foundation has implemented a Drug Workplace Policy that has become part of its company Policy.

If it has been determined that I cannot read or comprehend this language, this letter of understanding as well as the entire Company Policy had been read to me and all questions have been explained to my satisfaction.

NAME: _____

SIGNATURE: _____

DATE: _____

EMPLOYER SIGNATURE: _____

(To be retained in employee's personnel file)

DRUG POLICY

(Applicant Information)

Johnston Community School Foundation ("Company") has designed this policy to help eliminate the adverse effects of drugs {including alcohol} on its workplace and to protect the health and safety of all employees. The company does not allow employees to be at work under the influence, or in possession of illegal drugs, including but not limited to alcohol or inhalants. Nor, does the Company ever allow employees to be at work under the influence of doctor prescribed and/or mood-altering drugs which are knowingly misused or abused.

General Provisions

This policy applies to all full time, part time, and temporary employees of the Company, regardless of title or position as well as any applicant or whom the Company will make an offer of employment. All employees are prohibited from manufacturing, distributing, dispensing, possessing, selling, purchasing, using or being under the influence of alcohol, inhalants or any other drug on Company premises including vehicles, or while conducting Company business off Company premises. The unauthorized use or possession of mood-altering prescription drugs, or the misuse or abuse of over-the-counter medications on Company premises or while conducting Company business off company premises, similarly is prohibited.

Any employee violating this policy has been and continues to be, subject to discipline up to and including discharge.

To enforce and monitor compliance with this policy, the Company will maintain a contract with an authorized laboratory to collect and test urine samples for the presence of drugs, as explained below. The Company also may have testing conducted in accordance with the requirements of applicable lawj even is not specifically mentioned in this policy.

Any applicant for employment with the Company, who has met all other qualifications, will be required, upon acceptance of the job offer, and within 48 hours of extension of that job offer, to take and to successfully test negative in a pre-employment test for drugs. Failure to submit to and to successfully test negative will result in withdrawal of the applicant's job offer.

Prior to sample collection, applicant, where allowed by the law, will be required to sign a consent and release form authorizing and agreeing lo collection and testing of his/her urine sample. All urine testing will be conducted by an authorized laboratory. All initial positive urine test results will be confirmed by a second test.

The Company will utilize the Iowa Methodist Medical Center which tests for the following drugs.

- Marijuana
- Cocaine
- Opiates (including morphine and codeine)
- Phencyclidine
- Amphetamines (including methamphetamine)

All urine specimen test results are reviewed, No non-negative test result will be reported to the Company as positive until it is sent to Lab I; they confirm that the results reflect drug abuse (positive test results).

All applicants are given the opportunity to confidentially record the use of prescription or non-prescription medications both before and after being tested. An applicant can note this information either: on the back of the "Donor Copy" of the custody and control form or on a separate piece of paper as a "memory jogger". In either case this information stays in the possession of the donor. In addition, the applicant can disclose and discuss use of prescription drugs after the test in the Lab I review. All applicants have the right to consult the authorized testing laboratory for technical information regarding prescription and non-prescription medications.

When specified by regulation or required by the laboratory, the employee may be required to sign a consent form or release form authorizing the collection of the specimen, analysis of the specimen for designated controlled substances, and/or ultimate release of the results to the employer. The employer will not be required to waive liability with respect to negligence on the part of any person participating in the collection, handling or analysis of the specimen or to indemnify any person for the negligence of others. In the event an applicant refuses to cooperate during the collection process (e.g., refusal to provide a complete and unadulterated specimen, or complete paperwork), the collection site person shall inform the Employer and the Company will treat them as having tested positive and the job offer will be withdrawn.

The Company will send written confirmation to the applicant advising him/her of the positive test results. The confirmation will inform the applicant of the name and address to the lab and inform the applicant of his/her right to request any record relating to the drug test within 15 days.



DISCLOSURE CONCERNING CRIMINAL BACKGROUND CHECK

A criminal background check will be performed as a prerequisite to eligibility for initial and continued employment with Johnston Community School Foundation. Therefore, before an applicant for employment is hired, before an employee is promoted, and at other appropriate times, Johnston Community School Foundation may review the individual's criminal record.

The following information is needed to access a criminal history:

Printed Name _____

Address _____

Social Security # _____

Date of Birth _____

AUTHORIZATION TO OBTAIN CRIMINAL HISTORY

PLEASE READ CAREFULLY AND SIGN BELOW:

I understand that in order to consider my eligibility for employment, Johnston Community School Foundation may obtain a criminal background report. I authorize Johnston Community School Foundation to conduct a criminal background investigation when evaluating my eligibility for employment, promotion, or continued employment. Therefore, I hereby authorize Johnston Community School Foundation now, or at any time while I am employed by it, to review my criminal history.

Signature _____

Date _____

Phone Number _____

(To be retained in employee's personnel file)