



**1208 Birmingham Street
Tallahassee, Florida 32304**

NOTICE: TO ALL EMPLOYEE AND JOB APPLICANTS DRUG FREE WORKPLACE

It is the policy of Miracle Village, Inc. to maintain a Drug Free Workplace in accordance with Section 400, Florida Statutes, Drug -Free Workplaces.

It is a condition of employment for employees to refrain from the inappropriate use of drugs. Miracle Village, Inc. is committed to maintaining a safe work environment and to fostering the health and well- being of our employees. Our commitment is jeopardized when any company employee illegally uses drugs on the JOB, comes to work under the influence, possesses, distributes, or sells drugs in the workplaces.

Miracle Village, Inc. has therefore, decided to implement a Drug Free Workplace Program. Drug abuse is discouraged by Miracle Village. We perform drug testing. If there is a positive confirmed test, you will be denied employment with this company. Employees who choose to engage in drug abuse face the risk of unemployment and the forfeiture of workers' compensation benefits. Refusal to submit to a drug test will result to ineligibility for employment or in and automatic termination. If an employee is injured at work and refuses to submit to a test for drugs, the employee may also forfeit his/her eligibility for medical and indemnity benefits.

Use of the word "DRUG" at **MIRACLE VILLAGE, INC.** means:

Alcohol, a distilled spirit; a wine, a malt beverage; an intoxicating liquor; an amphetamine; an opiate; a hallucinogen; a cannabinoid; a synthetic narcotic; a barbiturate; a benzodiazepine; a phencyclidine (PCP); or a metabolite of any of the substances; and methaqualone, a designer drug, and or cocaine.

We may test an individual for any or all of these substances through job applicant, reasonable suspicion, follow-up drug testing, or post-accident drug testing. **MIRACLE VILLAGE, INC.** will pay for the cost of all drug tests, initial and confirmation, which we require of our employees and job applicants.

Certain drugs may alter or affect a drug test. Employees and job applicants have the right to confidentially report the use of prescription or non- prescription drugs to a Medical Review Officer (MRO) before and after being tested. You also have the right to consult with the MIRO Laboratory for technical information regarding prescription or non- prescription medication. The name of the MRO is Dr. Len Goff and Dr. Dung Nguyen M.D. at Patients First located at 505 Apple Yard Dr. Tallahassee, Florida 32304. Phone Number (850) 576-8988. You will be given a form, which will list the most common name, as well as by chemical name. A list of such medications developed by the Florida Agency for Health Care Administration is attached to this Notice and can be found in the personnel office.

An employee or job applicant who receives a positive confirmed drug test result may contest or explain the result to the MRO within five (5) working days after receiving written notification of the test results. If an employee or job applicant's explanation or challenge is unsatisfactory to the MRO, the MRO shall report a positive test result back to the individual. The person may contest the drug test results according to the release adopted by the Florida Department of Labor and Employment Security. If an employee or job applicant undertakes a challenge to the results of a test, it is his/her responsibility to notify the laboratory of any administrative or civil actions. This notifies the laboratory to retain the sample until the case is settled.

Within this community there are employee assistance programs and alcohol and drug rehabilitation programs. We have compiled a current resource file of local providers of employee-assistance. These organizations are designed to assist someone face with personal or behavioral problems. The names, addresses, and telephone numbers of these Agencies are located in the personnel office for review.

All information, interviews, reports statement memoranda, and drug test results, written or otherwise, received by MIRACLE VILLAGE, INC. through a drug testing company are confidential communications. A written consent form signed by the employee or job applicant shall only permit release of such information under any other circumstances. An exception to this would be if a hearing officer or a court of competent jurisdiction according to an appeal compels such release or unless deemed appropriate by a professional or occupational licensing board in a related disciplinary proceeding.

This notice and policy will be given to all employees and job applicants. A written notice of drug testing is also included on all company vacancy announcements.

Drug testing for all job applicants will be begin immediately. All active employees may be required to take a drug test as set forth in this notice 60 days from today's date September 8, 1997. A copy of the complete MIRACLE VILLAGE, INC. Drug Free Workplace Program has been permanently posted on the east side bulletin board and the employee's time clock room.

Employee/Job Applicant Signature: _____

Date: _____



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PERSONAL INFORMATION

Applicant Name: _____

Current Address: _____

City: _____ State: _____ Email: _____

Permanent Address: _____

City: _____ State: _____ Email: _____

Home Telephone: _____ Work: _____ Date of Birth: _____

If related to anyone in our establishment, state name and department: _____

Are you dual employed? Yes No If yes, where? _____

EMPLOYMENT & OTHER INFORMATION

Position: _____ Date you can start: _____ Salary desired: _____

Are you employed now? Yes No If so, where? _____

If so, may we inquire of your present employer? Yes No

Have you applied to this company before? Yes No If so, when? _____

Education	Name and Location of School	Years Attended	Date Graduated	Subject Studied
Grammar School				
High School				
College				
Trade School				

What foreign language do you speak fluently? _____ Read? _____ Write? _____

U.S Military Services: _____

Present membership in National Guard or Reserves: _____

Activities other than religious: _____

Former Employers (list the last four employers, starting with the present or last one first):

Date, Month and, Year	Name, Number, and Address of Employer	Salary	Position	Reason for Leaving
From: _____ To: _____				
From: _____ To: _____				
From: _____ To: _____				
From: _____ To: _____				

REFERENCES

Give the name of three (3) persons not related to you whom you have known for at least one (1) year:

Name: _____

Address: _____ City: _____ State: _____ Zip code: _____

Business: _____ Years acquainted: _____ Phone Number: _____

Name: _____

Address: _____ City: _____ State: _____ Zip code: _____

Business: _____ Years acquainted: _____ Phone Number: _____

Name: _____

Address: _____ City: _____ State: _____ Zip code: _____

Business: _____ Years acquainted: _____ Phone Number: _____

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts is cause for dismissal.

Signature: _____ Date: _____

PERSONNEL USE ONLY

Interviewed by: _____ Date: _____

Appearance: _____ Skills related to job: _____

Attitude: _____ Other Assets: _____

Remarks: _____

Hired: _____ For what department _____ Salary/wage: _____

Position: _____ Date to report to work: _____

Approved by: _____ Supervisor: _____ Manager: _____



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ATTESTATION OF RESIDENCY

The following information is provided to identify the individual attesting to the residency requirement for background screening pursuant to s.400.215, F.S.

Name: _____

Address: _____

City: _____

Social Security Number: _____

Date of Birth: _____ Sex: _____ Race: _____

I, _____, do hereby attest under penalty of perjury that I have physically resided in the state of Florida for the previous 5 years and do hereby meet the residency requirement set forth as a condition of background screening pursuant to s 400.215, F.S.

Signature of Affiant

Date

-OR-

I, _____, do hereby attest under penalty of perjury that I have not physically resided in the state of Florida for the previous 5 years and do therefore, do not meet the residency requirement set forth as a condition of background screening and may be subject to Level two (2) screening requirements.

Signature of Affiant

Date