



- A) EMPLOYEE SUBSTANCE ABUSE POLICY
- B) DRUG SCREEN AUTHORIZATION
- C) RELEASE OF CRIMINAL RECORDS

A) EMPLOYEE SUBSTANCE ABUSE POLICY

It is the purpose of ATC Healthcare Services (ATC) to help provide a drug free environment for our clients and our employees. With this goal and because of the serious drug abuse problem in today’s workplace, we are establishing the following policy for existing and future employees of ATC.

ATC explicitly prohibits:

The use, possession, solicitation or sale of narcotics or other illegal drugs, alcohol, or prescription medications without a prescription on company or customer premises or while performing an assignment.

Being impaired or under the influence of legal or illegal drugs or alcohol on the company or customer premises that adversely affects employee’s work performance, his or her own or others’ safety at the workplace, or the employee’s reputation.

ATC may drug test using S.A.M.H.S.A. standards by four methods:

- Pre-employment:** As may be required by the client.
- Randomly:** A random selection of some employees for testing will be done unannounced.
- Post-Accident:** Any employee involved in an accident/injury while performing services for our Company or client that results in property damage or bodily injury requiring medical treatment will be required to submit to a substance abuse screening.
- For Cause:** When it is the Company’s belief that a drug problem exists (such as evidence of drugs, accidents, injuries in the work-place, fights, or other behavioral symptoms or signs of drug abuse, negative performance patterns, excessive absenteeism or tardiness) for-cause testing will be utilized.

Employees who refuse to submit to drug testing, test positive, or admit to substance abuse will be subject to termination and other appropriate actions as mandated by applicable state law.

Also, employees of ATC who test positive or admit to substance abuse may be referred to local public agencies that provide rehabilitation and counseling services.

The results of all drug testing will be treated confidentially except as otherwise stated herein.

Employee Signature	Date
Witness Signature	Date

B) DRUG SCREEN AUTHORIZATION AND CONSENT (page 2 of 2)

I hereby authorize and give full permission to have ATC and/or their medical company physician send a specimen of my urine and/or blood to a laboratory for screening tests using S.A.M.H.S.A. standards for the presence of illegal drugs, alcohol, or prescription medication taken without a prescription.

I will hold all parties concerned harmless, meaning I will not sue nor hold responsible for any alleged harm to me or interfering with my obtaining a job or continuing employment due to not submitting to the tests or as a result of report of the test. This includes, but is not limited to, possible clerical or laboratory error.

This policy and authorization has been explained to me in a language I understand and I have been told if I have any questions about the test they will be answered. I understand this is a legal and binding document which is binding because ATC Healthcare Service, Inc. is sending me for the examinations and paying for it.

I understand ATC will require drug screen testing whenever an on the job accident or injury is reported in accordance with ATC Healthcare Services injury policy and this authorization and consent. My refusal to submit to drug testing will be grounds for termination.

Signature

Date

Print Name

Date

C) RELEASE OF CRIMINAL RECORDS

I, the undersigned, do hereby authorize ATC, to examine any and all criminal records and arrests on file in the counties in the State of _____ or any other state. In doing so, I understand that I am waiving my right of confidentiality concerning my criminal history.

Signature

Date of Release

Print Name

Social Security Number

Driver's License Number

State