



*"Takin' Care of Texas' Kids" Since 1990*

**TO: ALL NEW APPLICANTS**

**FROM: ADMINISTRATOR, PEGASUS SCHOOLS, INC.**

**RE: INFORMATION NEEDED PRIOR TO EMPLOYMENT**

As a prospective employee of Pegasus Schools, Inc., you will need to provide a copy of the following:

1. Current driver's license/state identification and social security cards
2. High School diploma, GED, and/or college transcripts
3. Three reference forms completed by former employers or former co-workers

Before an applicant is considered for hire, the above items must be retained.

Per Department of Family and Protective Services, you must be at least **21 years old** to be considered for hire. A criminal background check will be conducted on every employee by DFPS and Texas Juvenile Justice Department (TJJD). Also, a fingerprint check will be conducted by the Federal Bureau of Investigation. You must be cleared by all four agencies prior to employment.

**In addition, any and all correspondence from DFPS/HHSC needs to be printed out and brought into the administrator's office. Applicant will meet with HR Director to schedule DFPS/TJJD fingerprints. TB skin test and pre-employment drug screening will also be scheduled by the HR Director.**

Good luck and thank you for applying at Pegasus Schools, Inc.!

Sincerely,

Eric DeHoyos

Administrator

896 Robin Ranch Rd. Lockhart, TX 78644  
Central Office: 512-398-2518 Fax: 512-398-3518  
Administration Office: 512-376-2101 Fax: 512-398-2731  
Private Nonprofit 501c3 Residential Treatment Center  
[www.pegasusschool.net](http://www.pegasusschool.net)

# APPLICATION FOR EMPLOYMENT

## (Pre-Employment Questionnaire) (An Equal Opportunity Employer)

### PERSONAL INFORMATION

				<b>DATE</b>
<b>NAME</b>			<b>SOCIAL SECURITY NUMBER</b>	
LAST	FIRST	MIDDLE		
<b>PRESENT ADDRESS</b>				
STREET	CITY	STATE	ZIP	
<b>PERMANENT ADDRESS</b>				
STREET	CITY	STATE	ZIP	
<b>PHONE NO.</b>	<b>ARE YOU 18 YEARS OR OLDER?</b>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?</b>			Yes <input type="checkbox"/>	No <input type="checkbox"/>

### EMPLOYMENT DESIRED

<b>POSITION</b>	<b>DATE YOU CAN START</b>	<b>SALARY DESIRED</b>
<b>ARE YOU EMPLOYED NOW?</b>		<b>IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?</b>
<b>EVER APPLIED TO THIS COMPANY BEFORE?</b>	<b>WHERE?</b>	<b>WHEN?</b>
<b>REFERRED BY</b>		

EDUCATION	NAME AND LOCATION OF SCHOOL	*NO OF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

### GENERAL

**SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK**

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### SPECIAL SKILLS

#### ACTIVITIES: (CIVIC ATHLETIC ETC.)

EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.

<b>U. S MILITARY OR NAVAL SERVICE</b>	<b>RANK</b>	<b>PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES</b>
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\*This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991.

LAST

FIRST

MIDDLE

**FORMER EMPLOYERS** (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST).

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

**REFERENCES:** GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1			
2			
3			

THE FOLLOWING STATEMENT APPLIES IN: MARYLAND & MASSACHUSETTS. [Fill in name of state.]  
 IT IS UNLAWFUL IN THE STATE OF \_\_\_\_\_ TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST  
 AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL  
 BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.

\_\_\_\_\_  
 Signature of Applicant

IN CASE OF  
 EMERGENCY NOTIFY

NAME ADDRESS PHONE NO.

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED. MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.  
 IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE. AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRONG AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

DATE SIGNATURE

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: DATE:

REMARKS:

NEATNESS ABILITY

HIRED:  Yes  No POSITION DEPT.

SALARY/WAGE DATE REPORTING TO WORK

APPROVED: 1. EMPLOYMENT MANAGER 2. DEPT. HEAD 3. GENERAL MANAGER



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## **CRIMINAL BACKGROUND CHECK AUTHORIZATION AND RELEASE FORM**

I, \_\_\_\_\_, hereby authorize any law enforcement agency to furnish Pegasus Schools, Inc. information related to my criminal history. I hereby release Pegasus Schools, Inc. and all of its agents and employees, the law enforcement agency and all employees of law enforcement agencies furnishing information, from all liability resulting from the furnishing of this information to Pegasus Schools, Inc. I certify that the statements made by me on this form are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that any false statements made herein will void my consideration for employment/continued employment and could result in disciplinary action including termination.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

## CHILD CARE LICENSING REQUEST FOR BACKGROUND CHECK

**Purpose:** This form may be used to request background checks required by Texas Administrative Code (TAC) §745.615. You can also submit background check requests through HHSC's [Child Care Provider website](#). See the chart below for instructions based on operation type for submitting background check requests.

IF	THEN
You are applying for a permit	You must send your background check request form along with your application to your local licensing office.
Your operation is a licensed child-care center, school-age program, before- or after-school program, or residential care provider	Your operation must submit background check requests via HHSC's <a href="#">Child Care Provider Page</a> .
Your operation is a licensed child-care home, registered child-care home, or listed family home	Your operation may submit background check requests via HHSC's <a href="#">Child Care Provider</a> page, fax the background check form to 512-339-5871, or mail the background check form to: HHSC, Centralized Background Check Unit, P.O. Box 149030, Mail Code: 121-7, Austin, TX 78714-9030.
You are an exempt operation submitting background check requests only	You may submit your background check requests to the following mailbox: <a href="mailto:CBCEXEMPTBGC@dfps.state.tx.us">CBCEXEMPTBGC@dfps.state.tx.us</a>

**Directions:** Complete the following information for each person required to have a background check. Additional forms may be downloaded from the DFPS website at [http://www.dfps.state.tx.us/Child\\_Care/Information\\_for\\_Providers/cclforms.asp](http://www.dfps.state.tx.us/Child_Care/Information_for_Providers/cclforms.asp).

OPERATION INFORMATION		
Operation Name:	Operation Number:	Operation Telephone Number:
Operation Address:	Operation Mailing Address:	County:

VERIFICATION SIGNATURES		
I verified <b>(by reviewing the person's Social Security card or driver license)</b> that the information on this form contains no willful misrepresentation, and that the information given is true and complete to the best of my knowledge. I understand that HHSC may contact others and, at any time, seek proof of any information contained here. I understand that any willful misrepresentation or failure to provide identifying information within the stated time limit is a cause for denial of the application or revocation of my license, registration, or listing.		
Printed Name of Director, Owner, or Operator:	Signature of Director, Owner, or Operator:  X	Date Signed:

**INDIVIDUAL'S IDENTIFYING INFORMATION**

<input type="checkbox"/> Initial	<input type="checkbox"/> 24 Month Check	<input type="checkbox"/> Fingerprint Check Required	<input type="checkbox"/> FBI Results in DPS Clearinghouse
First Name:		Middle Name:	Last Name:
List any other names the individual uses or has used in the past, including married and maiden names, below. If you do not provide every name that the individual has used, you may receive inaccurate results:			
Other First Names:		Other Middle Names:	Other Last Names:
Street Address:		City:	State: Zip Code:
County:	Telephone Number:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
List any other city in Texas where the person has been a resident and any addresses, including county, where the person has lived outside of Texas in the previous five years:			
Ethnicity (must accompany race): <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander	
Social Security Number:		Photo ID Type: <input type="checkbox"/> Driver License: Number: State: <input type="checkbox"/> State ID:	Date Hired or Used by the Operation or Agency:
Contact information is required to schedule a fingerprint appointment. You must select one of the following choices and provide either an email address or phone number for the individual. Preferred method of contact for scheduling fingerprint appointment: <input type="checkbox"/> Email: <input type="checkbox"/> Telephone Number:			
Relationship of person to requestor: <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Caregiver <input type="checkbox"/> Director <input type="checkbox"/> Foster Parent <input type="checkbox"/> Household Member <input type="checkbox"/> Licensed Administrator <input type="checkbox"/> Other Staff <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer <input type="checkbox"/> Other:			
For foster/adoptive homes only: Relationship between child/children to be placed and the foster/adoptive parent(s) or prospective foster/adoptive parent(s) <input type="checkbox"/> Relative <input type="checkbox"/> Fictive Kin <input type="checkbox"/> Unrelated			
Will this person be paid or is this person currently paid by the operation in the role selected? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**The following pages are additional Individual's Identifying Information sheets for use when submitting more than one individual's background check**



# CHILD ABUSE REGISTRY CHECK CONSENT FORM

TEXAS  
JUVENILE  
JUSTICE  
DEPARTMENT

In addition to criminal history and driving record checks, the TJJD clearance process for all external applicants being seriously considered for hire includes requesting the Department of Family and Protective Services (DFPS) to conduct a check of the registry of reported cases of child abuse or neglect (child abuse registry) established and maintained by DFPS. The child abuse registry check is also part of the clearance process for: (1) employees of a TJJD contractor or subcontractor of a contractor who may have access to youth in TJJD-operated or TJJD-contracted facilities; and (2) internal applicants seriously being considered for promotion if the human resources director or designee directs such a check. The child abuse registry check complies with the federal Prison Rape Elimination Act (PREA) standards.

DFPS provides TJJD with confirmation of a negative finding if there is no match in the registry. If TJJD does not receive confirmation of a negative finding: (1) TJJD considers there to be an open child abuse investigation and potential violation of a PREA standard; (2) you are disqualified for the position unless you provide TJJD sufficient information to allow TJJD to determine that you should not be disqualified from employment (e.g., investigation is closed and you are not listed as a designated perpetrator in the child abuse registry); and (3) TJJD may select another applicant for the position if such sufficient information is not provided in a timely manner. Email TJJD at the following email address to provide additional information for TJJD's consideration: [HRCAR@tjjd.texas.gov](mailto:HRCAR@tjjd.texas.gov)

### IDENTIFYING INFORMATION

**Instructions: Type or print clearly in black ink. Answer each of the following questions by filling in the blank or checking the appropriate box. If questions are not applicable, enter "NA." Do not leave questions blank.**

**First Name:** \_\_\_\_\_ **Middle Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_ **Maiden Name:** \_\_\_\_\_

**Other Names or Spellings Used (previous marriage, surname, alias, etc.):**

List entire name (first, middle, and last). Continue on back as needed.

**Social Security No.:** \_\_\_\_\_ **Birth Date:** (mm/dd/yyyy) \_\_\_\_\_

**Driver License No.:** \_\_\_\_\_ **Issuing State:** \_\_\_\_\_

**Current Residence Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **County:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Residence Telephone No.:** ( ) \_\_\_\_\_ **Alternate No.:** ( ) \_\_\_\_\_

**Personal Email Address:** \_\_\_\_\_

**Ethnicity:**  Hispanic  Not Hispanic **Gender:**  Female  Male

**Race:** (check all applicable)  
 American Indian / Alaska Native  Asian  Black  Hispanic  
 Native Hawaiian / Pacific  White  Other

I certify that the above information is correct. I understand that by signing this form I am giving DFPS permission to complete a background check using the information that I provided above. I also understand that if I have any concerns regarding the results of the child abuse registry check, I should contact DFPS.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- With few exceptions, you are entitled, upon request, to be informed about the information that the Texas Juvenile Justice Department collects about you.
- Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review this information.
- Under Section 559.004 of the Texas Government Code, you are entitled to have the Texas Juvenile Justice Department correct any information that is incorrect.
- Please notify the local HR administrator to correct any information about you that is not correct.

# Criminal Records Check Request Form

\* = Mandatory Field

<b>Requestor Information</b>	
Request Date :	<input type="text"/>
Requestor First Name : *	<input type="text" value="Jessica"/>
Requestor Last Name : *	<input type="text" value="Sedlachek"/>
Requestor Position : *	<input type="text" value="HR Director"/>
Requestor Location : *	<input type="text" value="Pegasus"/>
Requestor Email : *	<input type="text" value="a.sedlachek@pegasusschool.net"/>
Requestor Phone Nr : *	<input type="text" value="512-432-1678"/>
Check Type *	<input type="radio"/> Driver's License Check <input type="radio"/> CRC <input checked="" type="radio"/> Arrest
Applicant Status *	<input checked="" type="radio"/> Applicant <input type="radio"/> Employee <input type="radio"/> Volunteer <input type="radio"/> Contractor <input type="radio"/> Rehire
Promotion *	<input type="radio"/> Yes <input checked="" type="radio"/> No
Direct Care *	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Applicant Information</b>	
First Name : *	<input type="text"/>
Middle Name/Initial :	<input type="text"/>
Last Name : *	<input type="text"/>
Sir/Maiden/Other Names : *	<input type="text"/>
SSN (With dashes) : *	<input type="text"/>
Applicant Position : *	<input type="text"/>
Drivers License / ID Nr : *	<input type="text"/>
DL State :	<input type="text" value="Please Select"/>



Date of Birth : *	<input type="text"/>
Ethnic Code : *	<input type="text" value="Please Select"/>
Gender : *	<input type="text" value="Please Select"/>
Height :	<input type="text"/>
Weight :	<input type="text"/>
Eye Color :	<input type="text"/>
Location : *	<input type="text" value="Pegasus"/>

**CONFIDENTIAL**

The information contained in this email is intended only for the use of the Texas Juvenile Justice Department in connection with conducting background checks on employees, volunteers, contractors, and applicants for such positions. **The information in this email is confidential under state law, and must be kept confidential.** Obtaining, using or disclosing criminal record information without authorization is a criminal offense. If you are not the intended recipient of criminal record history information, or an agent responsible for delivering it to the intended recipient, you are hereby notified you are not authorized to review, disseminate, distribute, or copy the information in this email. Criminal record history information may be disclosed only (1) to the person who is the subject of the criminal record history information, (2) to TJJD managerial and human resources employees with a specific need to know the criminal record history information for purposes of making a decision regarding the subject person's employment or volunteer service with the agency, or for evaluation of eligibility to be a contractor for the agency, (3) as specifically authorized in writing by the Director of Human Resources, or (4) as required by court order. If you have received this email in error, you are to notify the sender, delete the email, and keep all information in it strictly confidential.





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## PEGASUS DISCLOSURE OF PREA EMPLOYMENT STANDARDS VIOLATION

In compliance the federal Prison Rape Elimination Act (PREA) standards relating to hiring and promotion decisions for juvenile facilities, the questions on this form must be asked of Pegasus applicants in written applications or during the interview process and of current Pegasus employees during the performance evaluation process.

1. Have you ever engaged in sexual abuse in prison, jail, lockup, a community confinement facility, juvenile facility or other institution?  Yes  No

Definition of Institution: Any facility or institution owned, operated, managed by, or provides services on behalf of any state or political subdivision of a state and which is:

- For persons who are mentally ill, disabled, or retarded, or chronically ill or handicapped
  - A jail, prison, or other correctional facility
  - A pretrial detention facility
  - For juveniles held awaiting trial, residing in such facility or institution for purposes of receiving care or treatment, or residing for any state purpose in such facility or institution (other than a residential facility providing only elementary or secondary education that is *not* an institution in which reside juveniles who are adjudicated delinquent, in need of supervision, neglected, placed in state custody, mentally ill or disabled, mentally retarded, or chronically ill or handicapped); or
  - Providing skilled nursing, intermediate or long-term care, or custodial or residential care
2. Have you ever been convicted of engaging or attempted to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, of if the victim did not consent or was unable to consent or refuse?  Yes  No
  3. Have you ever been civilly or administratively adjudicated to have engaged in the activity described in Question #2 above?  Yes  No
  4. Have you ever been civilly or administratively adjudicated, disciplined or had any government-issued license revoked or suspended for having engaged in conduct defined as sexual harassment?  Yes  No



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**Important Notice:**

- If you answer yes to any of these questions indicating that you have violated a PREA standard, you are not eligible for hire or continue employed employment with Pegasus.
- If you are hired or if you are a current Pegasus employee, you have a continuing affirmative duty to immediately disclose to Pegasus Human Resources any misconduct that would result in a "yes" answer to any of the above four questions.
- Providing untruthful answers to the above questions or failing to disclose any misconduct that would result in a "yes" answer to any of the above questions will be grounds for termination through the disciplinary process.

Distribution instructions if completed by internal or external applicant:

- If hired for the position, the original form is maintained in the employee's personnel file.
- If not hired for the position, the original form is maintained with the selection and hiring packet.
- Copy of the form is provided to internal/external applicant upon request.

Distribution instructions if completed during performance evaluation process:

- Original form is maintained in the employee's personnel file.
- Copy of form is provided to employee upon request.

---

Print Name

---

SSN (last four digits only)

---

Signature

---

Date



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## **DRUG TEST AGREEMENT**

I have read and understand the Pegasus Schools, Inc. policy regarding the Employee Drug Testing. I understand that all Direct Care applicants must submit to pre-employment drug testing and that an applicant may not provide direct care or have access to a child in care until the drug test results have been reviewed by Pegasus Schools, Inc. Administration. In addition, I understand that if I am hired by Pegasus Schools, Inc. I will be subject to random unannounced drug testing.

---

Print Name

---

Date

---

Signature

I. PURPOSE

To establish a policy regarding Department of Family and Protective Services mandated employee drug testing.

Pegasus Schools, Inc. has a vital interest in ensuring the safety of our residents through appropriate drug testing of employees, while also protecting the rights of the employees. This policy ensures the safety and security of our residents and staff by enforcing a drug-free workplace.

II. POLICY

Scope: Mandatory random drug testing applies to all PSI personnel.

Definitions: The following definitions apply to this policy:

- A. Abusing drugs: The use of any:
  - 1. Drug or substance defined by the Texas Controlled Substances Act, Texas Health and Safety Code, Chapter 481.
  - 2. Prescription or non-prescription drug that is not being used for the purpose for which it was prescribed or manufactured.
- B. Drug testing: The scientific analysis of urine, blood, saliva, hair, tissue, and other specimens for detecting a drug.
- C. Random drug testing: A testing cycle that varies the frequency, intervals, and specimens collected for testing and selects employees in a random manner that does not eliminate previously tested employees from future testing. The testing will ensure all employees are subject to testing on a continual basis.
- D. Good cause to believe that an employee may be using drugs: A reasonable belief based on facts enough to lead a prudent person to conclude that the employee may be abusing drugs. Sufficient facts include direct observations of the employee using or possessing drugs, or exhibiting physical symptoms, including but not limited to slurred speech or difficulty in maintaining balance; erratic or marked changes in behavior, including a decrease in the quality or quantity of the employee's productivity, judgment, safe working practices; or any other reliable information.

#### Mandatory Drug Testing:

- A. All applicants must submit to pre-employment drug testing. Applicants may not provide direct care or have access to a child in care until the drug test results have been reviewed by PSI Administration.
- B. All PSI employees are subject to random, unannounced drug testing.
- C. Any employee that is the subject of a child abuse or neglect investigation, when DFPS determines there is “good cause to believe the employee may be abusing drugs”, will be drug tested within 24 hours of notification of PSI by DFPS.
- D. Any employee who is alleged to be abusing drugs will be tested within 24 hours, if there is “good cause to believe the employee may be abusing drugs.”

#### Drug Testing Procedures:

- A. Testing will screen for marijuana, cocaine, opiates, amphetamines, and phencyclidine (PCP).
- B. Testing will be conducted by a certified laboratory.
- C. Integrity and identity of the specimen will be provided by a third party under contract to PSI.
- D. Privacy and rights of the employee will be protected. Results will not be made available to the public or non-essential personnel.

#### Discipline:

- A. Refusal to submit to a drug test will preclude a potential employee from being hired and result in immediate termination of employed personnel.
- B. An employee who is tested because there is “good cause to believe the employee may be abusing drugs,” may be suspended pending results of the drug test.
- C. An employee determined through drug testing to have abused drugs is subject to discipline, up to and including termination.
- D. An employee determined through drug testing to have abused drugs may be offered the opportunity to complete a rehabilitation program at the employee’s expense.

Appeal:

- A. An applicant or employee whose drug test is positive may, at the employee's expense:
  1. Have an opportunity to explain and offer written documentation why there is another cause for the positive drug test.
  2. Request that the remaining portion of the sample that yielded the positive result, if available, be submitted for an additional independent test, including second tests to rule out false positive results.
  3. Submit the written test result for an independent medical review.

Documentation:

- A. All applicants for employment will be provided a copy of PSI drug testing policy.
- B. All applicants will sign document consenting to drug testing terms.
- C. All drug test results will be kept on file for one year after an employee's last workday with PSI or until any investigation involving that person is resolved, whichever is later.
- D. All drug testing results will be made available for review by RCCL staff within 24 hours after request.

VI. APPROVAL

Questions or suggestions regarding this policy should be addressed to the Human Resource Director.

APPROVED: Jessica Sedlachek DATE: 06/16/2021  
Jessica Sedlachek, Human Resource Director

# REFERENCE FORM

Name of Applicant: \_\_\_\_\_

1.) How long have you known the applicant? \_\_\_\_\_

\_\_\_\_\_

2.) In what capacity are you acquainted with the applicant? \_\_\_\_\_

\_\_\_\_\_

3.) Do you know of any reason why this person should not be hired for this position?

\_\_\_\_\_

\_\_\_\_\_

4.) If this person is a former employee, what were the dates of employment?

\_\_\_\_\_

5.) Would you rehire?  Yes  No  Not Applicable

6.) Please state any comments you feel would be helpful for us in considering the applicant for this position.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature



# REFERENCE FORM

Name of Applicant: \_\_\_\_\_

1.) How long have you known the applicant? \_\_\_\_\_

\_\_\_\_\_

2.) In what capacity are you acquainted with the applicant? \_\_\_\_\_

\_\_\_\_\_

3.) Do you know of any reason why this person should not be hired for this position?

\_\_\_\_\_

\_\_\_\_\_

4.) If this person is a former employee, what were the dates of employment?

\_\_\_\_\_

5.) Would you rehire?  Yes  No  Not Applicable

6.) Please state any comments you feel would be helpful for us in considering the applicant for this position.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

# REFERENCE FORM

Name of Applicant: \_\_\_\_\_

1.) How long have you known the applicant? \_\_\_\_\_

\_\_\_\_\_

2.) In what capacity are you acquainted with the applicant? \_\_\_\_\_

\_\_\_\_\_

3.) Do you know of any reason why this person should not be hired for this position?

\_\_\_\_\_

\_\_\_\_\_

4.) If this person is a former employee, what were the dates of employment?

\_\_\_\_\_

5.) Would you rehire?  Yes  No  Not Applicable

6.) Please state any comments you feel would be helpful for us in considering the applicant for this position.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature