



# EMERGENCY MEDICAL FOUNDATION, INC.

*We Are Proud To Be A Drug-Free Workplace!*

d/b/a EVAC Ambulance  
 P.O. Box 6045  
 Daytona Beach, FL 32122  
 (386)252-4900  
 (800)323-3822

## **Application for Employment**

FEDERAL AND STATE LAW REQUIRES THAT ALL APPLICANTS BE CONSIDERED WITHOUT REGARD TO RACE, RELIGION, COLOR, NATIONAL ORIGIN, SEX, AGE, DISABILITY, OR MARITAL STATUS. WE BELIEVE IN AND FULLY SUPPORT THE PRINCIPLE OF EQUAL EMPLOYMENT OPPORTUNITY AND WILL FULFILL OUR OBLIGATION TO THE FULLEST.

<b>Position(s) Applied For:</b>		<b>Date of Application</b>	
<b>Type of Employment Sought:</b> (check all that apply). <b>Full Time</b> <b>Part Time</b> <i>indicate hours available to work: _____</i> <i>Note: part time EMT and paramedic positions require a minimum number of hours to be worked each month</i>			
<b>How Did You Learn About Us?</b> Employment Agency Walk-In		<b>Were you referred to us by anyone?</b> (If so explain) Relative (If you are related to anyone employed by us, explain who you are related to and how?) Friend Other	
Name (Last, First, Middle)			
Other Name(s) you are known by or worked under:			
<b>Current ADDRESS: Number and Street Name</b>		<b>City</b>	<b>State</b> <b>Zip Code</b>
<b>Telephone Number (Home)</b>		<b>Other Telephone Number</b> (please specify cellular or other)	
<b>Email Address:</b>		<b>Social Security Number:</b>	
Mailing Address <i>if different from above:</i> Number and Street Name		City	State Zip Code
Previous Residence <i>(include date):</i> Number and Street Name		City	State Zip Code
<b>CERTIFICATION AND DRIVING INFORMATION</b> For positions requiring certification as an EMT or paramedic, please include copies of applicable certifications, licenses. <b>The front and back of each card must be copied on a separate piece of paper</b>			
State and the date of your (first) <b>EMT</b> certification	Certificate, license, or registration number:	Date Issued	State Issued
State and the date of your (first) <b>Paramedic</b> certification	Certificate, license, or registration number:	Date Issued	State Issued
Florida EMT	Certificate number:	Date Issued	Expiration Date
Florida Paramedic	Certificate number:	Date Issued	Expiration Date

### NOTICE TO APPLICANTS AND EMPLOYEES

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Emergency Vehicle Operator's Course (16-hour)	Date Issued	
American Heart Association, "Healthcare Provider" CPR card, or equivalent	Expiration Date	
American Heart Association, Advanced Cardiac Life Support (ACLS) card	Expiration Date	
BTLS or PHTLS Course (optional)	Expiration Date	
American Heart Association, Pediatric Advanced Life Support (PALS) card, or equivalent	Expiration Date	
Florida Driver License Number: Class "E" or equivalent accepted:	Date Issued	Expiration Date
	Do you have automobile insurance?	Y N
	Has it ever been canceled or renewal refused?	Y N
	Has your driver license <i>EVER</i> been suspended or revoked?	Y N
	Do you have any Safety Awards for "no accident" driving?	Y N
Have you had <i>ANY</i> traffic violations within the past <i>ONE</i> (1) year? If yes, when, and explain:		Y N
Have you had <i>ANY</i> traffic violations within the past <i>THREE</i> (3) years? If yes, when, and explain:		Y N
Have you been involved in <i>ANY</i> vehicle accidents within the last <i>THREE</i> (3) years? If yes, when, and explain:		Y N
Do you own an automobile? If yes, give make and year:		Y N
If you are applying for a position which involves driving of any type, check the types of vehicles you are qualified, through experience or otherwise, to operate: Passenger Car   Light Truck   Heavy Truck or Tractor   Other		
<b>** All applicants must be approved as a Driver by EVAC's Insurance Carrier to be considered for employment **</b>		

## PERSONAL HISTORY

1.	Are you authorized to work in the United States? ( <i>Documentation will be required at the time of hire.</i> )	Y	N
2.	Have you been excluded from participation in any federal health-care program including Medicare, Medicaid, or CHAMPUS?	Y	N
3.	If you are under 18 years of age, can you provide required proof of eligibility to work?	Y	N
4.	Have you been convicted of any crime, pled nolo contendere (no contest), entered a pretrial intervention program, or been on criminal probation for any reason in the last 7 years? ( <i>Conviction will not necessarily disqualify an application for employment, factors including, but not limited to, the nature of the offense, and remoteness in time of the event will be considered.</i> ) If yes, explain in the comments section.	Y	N
5.	Have you ever been discharged or asked to resign for any reason from any job? If yes, explain in the comments section.	Y	N
6.	Can you perform the essential functions of the job for which you have applied for with or without reasonable accommodations? If not, please explain in the comments section. Offers of employment are conditional upon verification of the applicant's ability to perform the essential functions of the position offered with or without reasonable accommodations. ( <i>If you are not sure if you can perform the essential functions of the job for which you are applying, with or without reasonable accommodation, please ask for a job description.</i> )	Y	N
7.	Are you currently employed? If no, explain why in the comments section.	Y	N
8.	May we contact your present employer? If no, explain why in the comments section.	Y	N
9.	Have you ever filed an <i>application</i> with us before? If YES, give date: _____	Y	N
10.	Have you ever been <i>employed</i> with us before? If YES, indicate dates, job title, and reason for leaving in the comments section.	Y	N
11.	Are you available to work? What date would you be available to work, give date: _____	Y	N
12.	Are you currently on "lay off" state or subject to recall? If YES, indicate dates and explain in the comments section.	Y	N

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## SKILLS AND QUALIFICATIONS

Indicate Any Foreign Languages You Speak, Read, and/or Write

	Fluent	Good	Fair
<b>Speak</b>			
<b>Read</b>			
<b>Write</b>			

List professional, trade, business, or civic activities and office held. *You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or disability or other protected status.*

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Summarize special job-related skills and qualifications acquired from employment or other experience.

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If you are applying for a position which calls for the use of any office or plant equipment or secretarial skills, complete the following:

Typing Speed \_\_\_\_\_ Dictation Speed: \_\_\_\_\_

Office and Plant Machines Used: \_\_\_\_\_

## REFERENCES

List name and telephone number of four (4) business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list four (4) school or personal references who are not related to you.

Name	Telephone	Years Known

## E M P L O Y M E N T   H I S T O R Y

List your last four (4) employers, beginning with your present or last job. Explain any gaps in employment in comments section below. *You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or disability or other protected status.*

**Employers may be contacted for verification. It is important that the information you provide is as complete as possible.**

Employer	Telephone	Dates Employed		Summarize the nature of the work performed and job responsibilities
		From	To	
Address				
Your Job Title		Hourly Pay Starting \$		/hr
Immediate Supervisor and Title		Hourly Pay Ending \$		/hr
Reason for Leaving:				
May we contact for reference?	Yes	No	Later	

Employer	Telephone	Dates Employed		Summarize the nature of the work performed and job responsibilities
		From	To	
Address				
Your Job Title		Hourly Pay Starting \$		/hr
Immediate Supervisor and Title		Hourly Pay Ending \$		/hr
Reason for Leaving:				
May we contact for reference?	Yes	No	Later	

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May we contact for reference?	Yes	No	Later	

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Your Job Title		Hourly Pay Starting \$	/hr	
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Reason for Leaving:				
May we contact for reference?	Yes	No	Later	

Employer	Telephone	Dates Employed		Summarize the nature of the work performed and job responsibilities
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Reason for Leaving:				
May we contact for reference?	Yes	No	Later	

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		From	To	
Address				
Your Job Title		Hourly Pay Starting \$	/hr	
Immediate Supervisor and Title		Hourly Pay Ending \$	/hr	
Reason for Leaving:				
May we contact for reference?	Yes	No	Later	

**Comments** (including explanation of any gaps in employment and, if applicable, the reasons why we should not contact a previous employer).

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## M I L I T A R Y

Branch	Rank	Duties
<b>List any special school or skills acquired during your military service:</b>  <div style="border: 1px solid black; height: 40px; width: 100%;"></div>		

## V E T E R A N ' S   R E F E R E N C E

If you are an honorably discharged Veteran, you may be eligible for Veteran's Preference in consideration of your application for employment. Substantiating documents as designated under the Florida Administrative Code must be furnished at the time of application.

Do you request a Veteran's Preference?    YES            NO

If yes, please designate the basis for your preference below:

- \_\_\_\_\_ 1. As a Veteran with a compensable service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws administered by the U.S. Veterans Administration and the Department of Defense.
  
- \_\_\_\_\_ 2. As the spouse of a Veteran who cannot qualify for employment because of a total and permanent disability, or the spouse of a Veteran missing in action, captured, or forcibly detained by foreign power.
  
- \_\_\_\_\_ 3. As a Veteran of any war who has served on active duty for 181 consecutive days or more, or has served 180 consecutive days or more since January 31, 1955, if any part of such active duty was performed during a wartime era. Active duty for training is not allowable.
  
- \_\_\_\_\_ 4. As the un-remarried spouse of a Veteran who was killed in action, or died of a service-connected disability.

Branch of Service: \_\_\_\_\_ Date of Entry: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_

Have you been employed by a covered employer since October 1, 1987?    YES            NO

If yes, name and address of employer: \_\_\_\_\_

*NOTE: Any eligible applicant who believes he/she was not afforded employment preference in accordance with F.S. 295.08 may file a complaint with THE DIVISION OF VETERANS' AFFAIRS, P.O. BOX 1437, ST. PETERSBURG, FLORIDA, 33731 within 21 calendar days from the date of notice of hiring decision.*



**RELEASE FORM**  
**Notice of the Fair Credit Reporting Act**

Pursuant to the Fair Credit Reporting Act, the Emergency Medical Foundation, Inc. (EMF) d/b/a EVAC Ambulance discloses to you that a consumer report and/or investigative report containing information as to your character, reputation, characteristics and driving history, may be obtained for employment purposes as part of the pre-employment background investigation and at any time during your employment. EVAC Ambulance has made it clear that a motor vehicle report shall be requested. Should an investigative consumer report be requested, you will have the right to demand a disclosure of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act.

By your signature below, you hereby authorize us to obtain a consumer report and/or an investigative report about you in order to consider you for employment.

Applicant's Name: (Last, First, Middle)			
Applicant's Current ADDRESS: Number and Street Name	City	State	Zip Code
Telephone Number (Home)	Applicant's Drivers' License Number:		
Applicant's Race:	Applicant's Social Security Number:		
Applicant's Sex:	Applicant's Date of Birth:		

I hereby authorize your company or any agent of your company, to contact any of my references, previous employers, companies, credit bureaus, corporations, law enforcement agencies, persons and educational agencies to supply any information concerning my background and criminal history. I also hereby release any of the above parties from any liability and responsibility arising from their doing so.

\_\_\_\_\_  
Applicant's Signature: Date:

Organization  
Emergency Medical Foundation, Inc.  
d/b/a EVAC Ambulance  
112 Carswell Avenue  
Holly Hill, FL 32117  
800 323-3822

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**NOTICE TO APPLICANTS AND EMPLOYEES**

*Screening tests for alcohol and illegal drug use may be required before hiring and during your employment here.*

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*Revised September 9, 2005*

## **A P P L I C A N T ' S   S T A T E M E N T**

By applying for this position and signing this application, I voluntarily authorize and grant full consent to the Emergency Medical Foundation, Inc., d/b/a EVAC Ambulance or its agents to conduct a thorough investigation into my current or prior employment and any other area of my background, including criminal background (regardless of adjudication) which the Foundation believes relevant to my employment. I do further fully consent to the release and disclosure to the Foundation and its agents from any persons, companies, corporations, entities, or government agency any information sought concerning my background and do further release from liability the Foundation and/or its agents for actions taken in connection with this investigation, as well as any persons, companies, corporations, entities or governmental agencies disclosing such information.

I acknowledge that any false information provided by me to the Foundation or by others at my direction, either on this application or otherwise, shall constitute grounds for immediate discharge, regardless of when the false information is discovered by the Foundation. Similarly, I understand that my continued employment is contingent on successfully passing any background investigation and any information discovered about me which is deemed by the Foundation to be unsatisfactory shall constitute grounds for immediate discharge also regardless of when discovered.

This application is current for only 120 days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I hereby understand and acknowledge that my employment relationship with this agency is of an "at will" nature, which means the employee may resign at any time and the employer may discharge the employee at any time with or without cause. It is further understood that this "at will" employment will not be changed by any written documentation or contract.

I understand if I am employed, I will have a probationary period as specified by Policy and Procedure. During the probationary period my performance will be evaluated and if found unsatisfactory within that period, my employment will be terminated. If I am terminated within the first 90 days for unsatisfactory performance, the Foundation will not be responsible for unemployment benefits I may receive.

Finally, I understand that the Foundation may require a medical or other examination at the time an employment offer is extended and may condition an offer of employment on the successful completion of that examination. Employment is conditional upon an applicant having a confirmed negative drug test result. Employees are also subject to drug and alcohol testing at the discretion of the Foundation. Polygraph examination may also be required by the Foundation where permissible by law.

I understand that my application will not be considered if not completed in its entirety and signed by me.

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**Name of Applicant (Please Print)**

**Signature of Applicant / Date**

**EMERGENCY MEDICAL FOUNDATION, INC.**  
***Drug-Free Workplace Policy***

**JOB APPLICANT ACKNOWLEDGMENT OF RECEIPT AND UNDERSTANDING**

I hereby acknowledge that I have received and read a summary of the Emergency Medical Foundation's Drug-Free Workplace policy, a summary of the drugs which may alter or affect a drug test and a list of local Employee Assistance Programs and drug and alcohol treatment programs. I have had an opportunity to have all aspects of this material fully explained. I understand that the full text of the Drug-Free Workplace policy is available upon request. I also understand that I must abide by the policy as a condition of employment, and any violation may result in disciplinary action up to and including discharge.

Further, I understand that during my employment I may be required to submit to testing for the presence of drugs or alcohol. I understand that submission to such testing is a condition of employment with the Emergency Medical Foundation, and disciplinary action up to and including discharge may result if: 1) I refuse to consent to such testing, 2) I refuse to execute all forms of consent and release of liability as are usually and reasonably attendant to such examination, 3) I refuse to authorize release of the test results to the Foundation, 4) the tests establish a violation of the Foundation's Drug-Free Workplace policy, 5) I otherwise violate the policy. **If I am injured in the course and scope of my employment and test positive, I forfeit my eligibility for medical and indemnity benefits under the Worker's Compensation Act upon exhaustion of the remedies provided in Florida Statute 440.102(5).**

I also understand that the Drug-Free Workplace policy and related documents are not intended to constitute a contract between the Emergency Medical Foundation and me.

The undersigned further states that he or she has read the foregoing acknowledgment and knows the contents thereof and signs the same of his or her own free will.

\_\_\_\_\_  
**Job Applicant's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness (Must be a Foundation Supervisor)**

\_\_\_\_\_  
**Date**

*Applicants should keep the attached "Summary of the Emergency Medical Foundation's Drug-Free Workplace Policy"*

**EVAC Ambulance FILE COPY**  
**Summary of the Emergency Medical Foundation's Drug-Free Workplace Policy**

In a commitment to safeguard the health of our employees and to provide a safe working environment for everyone, the Foundation has established a Drug-Free Workplace Policy. This policy is implemented pursuant to the Drug-Free Workplace program requirements under Chapter 440.102, Florida Statute and the rules of the Agency for Health Care Administration, Chapter 59A-24, Florida Administrative Code, Drug-Free Workplace Standards.

The essential parts of this policy are:

1. EVAC prohibits the illegal use, possession, sale, manufacture, or distribution, of alcohol, drugs or other controlled substances on its property. It is also against EVAC policy to report or to work under the influence of alcohol or drugs.

2. Drug testing of applicants:

- a. Following an offer of conditional employment, the candidate will be tested for the presence of drugs as part of the application process.
- b. If a candidate refuses testing, he or she will not be considered for employment and the employment application process will be terminated.
- a. If a candidate's test is confirmed positive, the applicant will not be considered for employment at that time and will be informed that he or she has failed to meet employment standards.

3. Employees will be tested for the presence of drugs and may be tested for the presence of alcohol, under the following circumstances:

- c. Vehicular Accident: Employees will be tested after all accidents involving company vehicles, regardless of physical damage.
- d. Occupational Injury: Employees will be tested after all occupational injuries and exposures regardless of need for medical examination.
- e. Reasonable Suspicion Testing: Employees will be tested when there is a reasonable suspicion that an employee is using or has used alcohol or drugs.
- f. Follow-up Testing: All employees testing positive under this standard and seek rehabilitative assistance that are permitted by the Foundation to continue employment, as well as those who voluntarily enter a rehabilitation program, will be subject to unannounced follow-up drug tests for up to two (2) years.
- a. Additional Testing: Additional testing may also be conducted as required by applicable state or federal laws, rules, or regulations or as deemed necessary by EVAC.

4. Alcohol and Drug Use Prohibitions:

- a. The use, sale, purchase, possession, distribution, or dispensing of drugs or alcohol while on duty or on EVAC property is reason for immediate discharge.
- b. It is against EVAC policy to report to work or work under the influence of alcohol or drugs. Employees who violate this policy, regardless of it being his or her first offense, are subject to discipline, up to and including termination.
- c. For the purpose of this policy an individual is presumed to be under the influence of alcohol or drugs if an alcohol or drug test is confirmed positive.
- d. EVAC may suspend employees without pay under this policy pending the results of an investigation in to alleged use or abuse of alcohol or drugs or for alcohol or drug testing.

5. All information interviews, reports, statement memoranda and drug test results, written or otherwise, received by EVAC as part of this drug-testing program are confidential communications. Except as authorized by federal and state laws, rules or regulations, EVAC will not release such information to a third parties without a written consent form signed voluntarily by the person tested.

6. Job applicants and employees both are able to confidentially report the use of prescription and non-prescription medications to the Medical Review Officer by calling (386) 252-4090, both before and after testing.

7. Prior to testing, the employee will be given a list of the most common medications by brand name or common name and chemical name that may alter or affect a drug test.

8. Any employee who refuses to submit to a drug test will be terminated from employment or otherwise disciplined by EVAC. An occupationally injured employee who refuses to submit to a drug test, tampers with a drug test or has a positive confirmation test, in addition to the above, will be terminated, may forfeit his eligibility for all workers' compensation medical and indemnity benefits, and may forfeit unemployment compensation.

9. The name and telephone number of EVAC's employee assistance program is:

The Allen Group

Toll free: (800) 272-7252

Orlando area: (407) 788-8822

TDD: (888) 833-2017

Web: [www.theallengroup.com](http://www.theallengroup.com)

Local alcohol and drug rehabilitation programs available to employees are listed at the end of this summary.

10. Applicants and employees who receive a positive confirmed drug test result may contest or explain the result to the Medical Review Officer within five (5) working days after written notification of the positive test result. If an employee's explanation or challenge is unsatisfactory to the Medical Review Officer, he or she will report the test as positive to the employer. The person may contest the test results pursuant to rules adopted by the Department of Labor and Employment Security.

11. Applicants and employees have the responsibility of notifying the drug-testing laboratory of any administrative or civil action brought pursuant to Chapter 440, Florida Statutes. The lab will maintain the sample until the case or administrative appeal is settled.

**NOTICE TO APPLICANTS AND EMPLOYEES**

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12.The following is a list of all drugs (described by brand name, common name and/or chemical name) for which EVAC may test:

Substance	Common Name(s)
Alcohol	All liquid medications containing ethyl alcohol (ethanol). They include, but are not limited to: Vick's Nyquil, Comtrex, Contact Severe Cold Formula Night Strength, Listerine. In addition: booze, beer, drink
Amphetamines	Biphetamine, Desoxyn, Dexedrine, Didrex, Ionamine, Fastin, Obetrol
Barbituates	Phenobarbital, Tuinal, Amytal, Nembutal, Seconal, Lotusate, Fiorinal, Fioricet, Esgic, Butisol, Mebaral, Butabarbital, Butalbital, Phrenilin, Triad
Benzodiazepines	Ativan, Azene, Centrax, Clonopin, Dalmane, Diazepam, Halcion, Librium, Paxipam, Restoril, Serax, Tranxene, Valium, Vestran, Xanax
Cannabinoids (11-nor-Delta-9-tetrahydrocannabinol-9carboxylic acid)	Marisol (Dronabinol, THC). In addition: marijuana, hashish, hash, hash oil, pot, joint, roach, spleaf, grass, weed, reefer
Cocaine	coke, blow, nose candy, crack, snow, flake
Methadone	Dolophine, Metadose
Methaqualone	quaaludes (not legal by prescription)
Opiates	APAP with Codeine, Aspirin with Codeine, Dilaudid (Hydromorphone), Donnagel PG, Empirin with Codeine, Guiatuss AC, Morphine, M-S Contin and Roxanol (morphine sulfate), Novahistine DH, Novahistine Expectorant, Paregoric, Parepectolin, Percodan, Robitussin AC, Tussi-organidin, Tylenol with Codeine, Vicodin, Oxycodone, OxyContin. In addition: opium, heroin and dover's powder
Phencyclidine	PCP, angel dust, hog
Propoxyphene	Darvocet, Darvon N, Dolene

13.Applicants and employees have the right to consult with the medical review officer concerning technical information regarding prescription and non-prescription medication. Within five (5) working days after receipt of notice of a positive confirmed test result, an employee or job applicant may submit information to the employer explaining or contesting the test result and explaining why the result does not constitute a violation of the employer's policy. If the employee's or job applicant's explanation or challenge of the positive test result is unsatisfactory to the employer, a written explanation as to why the employee's or applicant's explanation is unsatisfactory, along with the report of the positive results, shall be provided by the employer or job applicant.

14.To ensure that drugs and alcohol do not enter or affect the workplace, EVAC reserves the right to search all vehicles, containers, lockers, or other items on EVAC property in furtherance of this policy. Individuals may be requested to display personal property for visual inspection upon EVAC's request as well.

15.Failure to consent to search or display for visual inspection will be grounds for termination or reason for denial of access to EVAC premises by any others.

16.Searches of employee's personal property will take place only in the employee's presence and with the employee's consent. All searches under this policy will occur with the utmost discretion and consideration for the employees involved.

17.Details of this policy may be obtained from Human Resources or from the employee web site.

18.The contents of these drugs and alcohol guidelines are presented as statements of EVAC's current policy and may be changed and updated by EVAC, with or without notice. These guidelines are not intended to create a contract between EVAC and any employee. Nothing in these guidelines binds EVAC to a specific or definite period of employment or to any specific policies, procedures, actions, rules, or terms and conditions of employment.

19.As a condition of employment, applicants and employees are required to abide by these guidelines.

20.Local alcohol and drug rehabilitation programs available to employees:

ACT Corporation 1220 Willis Avenue Daytona Beach, Florida 32114 (386) 947-3600	Chemical People for a Drug Free Youth 1437 S. Dixie Freeway New Smyrna Beach, Florida 32168 (386) 423-7911	Hearthstone Foundation 231 2nd Street Holly Hill, Florida 32117 (386) 238-1348	Serenity House 547 High Street Daytona Beach, Florida 32114 (386) 2585050
Alcoholics Anonymous 345 Beville Road South Daytona, Florida 32119 (386) 756-2930	Community Outreach Services (CORS) Post Office Box 597 DeLand, Florida 32720 (386) 736-0420	Narcotics Anonymous Post Office Box 989 Daytona Beach, Florida 32115 (386) 252-4673	Stewart-Marchman Center for Chemical Dependency 129 Michigan Avenue Daytona Beach, Florida 32114 (386) 947-1300
Anti-Recidivist Effort, Inc. Post Office Box 1928 Daytona Beach, Florida (386) 253-0410	Department of Veterans Affairs 1900 Mason Avenue Daytona Beach, Florida 32114 (386) 274-4600	New Life Recovery Project, Inc. 1117 Second Avenue Daytona Beach, Florida 32114 (386) 253-7926	The House Next Door, Inc. 121 W. Pennsylvania Ave DeLand, Florida 32724 (386) 734-7571
Atlantic Shores Hospital 841 Jimmy Ann Drive Daytona Beach, Florida 32114 (386) 274-5333		Reality House 1341 Indian Lake Road Daytona Beach, Florida 32124 (386) 239-6134	

The Foundation does not recommend or endorse any of the treatment programs listed below. The services are listed for informational purposes only.

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**Applicant's Copy –(Tear off this page and give to applicant)**  
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- h. If a candidate refuses testing, he or she will not be considered for employment and the employment application process will be terminated.
- a. If a candidate's test is confirmed positive, the applicant will not be considered for employment at that time and will be informed that he or she has failed to meet employment standards.

23. Employees will be tested for the presence of drugs and may be tested for the presence of alcohol, under the following circumstances:

- i. Vehicular Accident: Employees will be tested after all accidents involving company vehicles, regardless of physical damage.
- j. Occupational Injury: Employees will be tested after all occupational injuries and exposures regardless of need for medical examination.
- k. Reasonable Suspicion Testing: Employees will be tested when there is a reasonable suspicion that an employee is using or has used alcohol or drugs.
- l. Follow-up Testing: All employees testing positive under this standard and seek rehabilitative assistance that are permitted by the Foundation to continue employment, as well as those who voluntarily enter a rehabilitation program, will be subject to unannounced follow-up drug tests for up to two (2) years.
- a. Additional Testing: Additional testing may also be conducted as required by applicable state or federal laws, rules, or regulations or as deemed necessary by EVAC.

24. Alcohol and Drug Use Prohibitions:

- e. The use, sale, purchase, possession, distribution, or dispensing of drugs or alcohol while on duty or on EVAC property is reason for immediate discharge.
- f. It is against EVAC policy to report to work or work under the influence of alcohol or drugs. Employees who violate this policy, regardless of it being his or her first offense, are subject to discipline, up to and including termination.
- g. For the purpose of this policy an individual is presumed to be under the influence of alcohol or drugs if an alcohol or drug test is confirmed positive.
- h. EVAC may suspend employees without pay under this policy pending the results of an investigation in to alleged use or abuse of alcohol or drugs or for alcohol or drug testing.

25. All information interviews, reports, statement memoranda and drug test results, written or otherwise, received by EVAC as part of this drug-testing program are confidential communications. Except as authorized by federal and state laws, rules or regulations, EVAC will not release such information to a third parties without a written consent form signed voluntarily by the person tested.

26. Job applicants and employees both are able to confidentially report the use of prescription and non-prescription medications to the Medical Review Officer by calling (386) 252-4090, both before and after testing.

27. Prior to testing, the employee will be given a list of the most common medications by brand name or common name and chemical name that may alter or affect a drug test.

28. Any employee who refuses to submit to a drug test will be terminated from employment or otherwise disciplined by EVAC. An occupationally injured employee who refuses to submit to a drug test, tampers with a drug test or has a positive confirmation test, in addition to the above, will be terminated, may forfeit his eligibility for all workers' compensation medical and indemnity benefits, and may forfeit unemployment compensation.

29. The name and telephone number of EVAC's employee assistance program is:

The Allen Group

Orlando area: (407) 788-8822

Web: [www.theallengroup.com](http://www.theallengroup.com)

Toll free: (800) 272-7252

TDD: (888) 833-2017

Local alcohol and drug rehabilitation programs available to employees are listed at the end of this summary.

30. Applicants and employees who receive a positive confirmed drug test result may contest or explain the result to the Medical Review Officer within five (5) working days after written notification of the positive test result. If an employee's explanation or challenge is unsatisfactory to the Medical Review Officer, he or she will report the test as positive to the employer. The person may contest the test results pursuant to rules adopted by the Department of Labor and Employment Security.

31. Applicants and employees have the responsibility of notifying the drug-testing laboratory of any administrative or civil action brought pursuant to Chapter 440, Florida Statutes. The lab will maintain the sample until the case or administrative appeal is settled.

32. The following is a list of all drugs (described by brand name, common name and/or chemical name) for which EVAC may test:

Substance	Common Name(s)
Alcohol	All liquid medications containing ethyl alcohol (ethanol). They include, but are not limited to: Vick's Nyquil, Comtrex, Contact Severe Cold Formula Night Strength, Listerine. In addition: booze, beer, drink
Amphetamines	Biphphetamine, Desoxyn, Dexedrine, Didrex, Ionamine, Fastin, Obetrol
Barbituates	Phenobarbital, Tuinal, Amytal, Nembutal, Seconal, Lotusate, Fiorinal, Fioricet, Esgic, Butisol, Mebaral, Butabarbital, Butalbital, Phrenilin, Triad
Benzodiazepines	Ativan, Azene, Centrax, Clonopin, Dalmane, Diazepam, Halcion, Librium, Paxipam, Restoril, Serax, Tranxene, Valium, Vestran, Xanax
Cannabinoids (11-nor-Delta-9-tetrahydrocannabinol-9carboxylic acid)	Marisol (Dronabinol, THC). In addition: marijuana, hashish, hash, hash oil, pot, joint, roach, spleaf, grass, weed, reefer
Cocaine	coke, blow, nose candy, crack, snow, flake
Methadone	Dolophine, Metadose
Methaqualone	quaaludes (not legal by prescription)
Opiates	APAP with Codeine, Aspirin with Codeine, Dilaudid (Hydromorphone), Donnagel PG, Empirin with Codeine, Guiatuss AC, Morphine, M-S Contin and Roxanol (morphine sulfate), Novahistine DH, Novahistine Expectorant, Paregoric, Parepectolin, Percodan, Robitussin AC, Tussi-organidin, Tylenol with Codeine, Vicodin, Oxycodone, OxyContin. In addition: opium, heroin and dover's powder
Phencyclidine	PCP, angel dust, hog
Propoxyphene	Darvocet, Darvon N, Dolene

33. Applicants and employees have the right to consult with the medical review officer concerning technical information regarding prescription and non-prescription medication. Within five (5) working days after receipt of notice of a positive confirmed test result, an employee or job applicant may submit information to the employer explaining or contesting the test result and explaining why the result does not constitute a violation of the employer's policy. If the employee's or job applicant's explanation or challenge of the positive test result is unsatisfactory to the employer, a written explanation as to why the employee's or applicant's explanation is unsatisfactory, along with the report of the positive results, shall be provided by the employer or job applicant.

34. To ensure that drugs and alcohol do not enter or affect the workplace, EVAC reserves the right to search all vehicles, containers, lockers, or other items on EVAC property in furtherance of this policy. Individuals may be requested to display personal property for visual inspection upon EVAC's request as well.

35. Failure to consent to search or display for visual inspection will be grounds for termination or reason for denial of access to EVAC premises by any others.

36. Searches of employee's personal property will take place only in the employee's presence and with the employee's consent. All searches under this policy will occur with the utmost discretion and consideration for the employees involved.

37. Details of this policy may be obtained from Human Resources or from the employee web site.

38. The contents of these drugs and alcohol guidelines are presented as statements of EVAC's current policy and may be changed and updated by EVAC, with or without notice. These guidelines are not intended to create a contract between EVAC and any employee. Nothing in these guidelines binds EVAC to a specific or definite period of employment or to any specific policies, procedures, actions, rules, or terms and conditions of employment.

39. As a condition of employment, applicants and employees are required to abide by these guidelines.

40. Local alcohol and drug rehabilitation programs available to employees:

ACT Corporation 1220 Willis Avenue Daytona Beach, Florida 32114 (386) 947-3600	Chemical People for a Drug Free Youth 1437 S. Dixie Freeway New Smyrna Beach, Florida 32168 (386) 423-7911	Hearthstone Foundation 231 2nd Street Holly Hill, Florida 32117 (386) 238-1348	Serenity House 547 High Street Daytona Beach, Florida 32114 (386) 2585050
Alcoholics Anonymous 345 Beville Road South Daytona, Florida 32119 (386) 756-2930	Community Outreach Services (CORS) Post Office Box 597 DeLand, Florida 32720 (386) 736-0420	Narcotics Anonymous Post Office Box 989 Daytona Beach, Florida 32115 (386) 252-4673	Stewart-Marchman Center for Chemical Dependency 129 Michigan Avenue Daytona Beach, Florida 32114 (386) 947-1300
Anti-Recidivist Effort, Inc. Post Office Box 1928 Daytona Beach, Florida (386) 253-0410	Department of Veterans Affairs 1900 Mason Avenue Daytona Beach, Florida 32114 (386) 274-4600	New Life Recovery Project, Inc. 1117 Second Avenue Daytona Beach, Florida 32114 (386) 253-7926	The House Next Door, Inc. 121 W. Pennsylvania Ave DeLand, Florida 32724 (386) 734-7571
Atlantic Shores Hospital 841 Jimmy Ann Drive Daytona Beach, Florida 32114 (386) 274-5333		Reality House 1341 Indian Lake Road Daytona Beach, Florida 32124 (386) 239-6134	

The Foundation does not recommend or endorse any of the treatment programs listed below. The services are listed for informational purposes only.

**Applicant's Copy –(Tear off this page and give to applicant)**