

Central Oregon Extended Unit for recovery  
**Rimrock Trails Adolescent Treatment Service**

1333 N.W. Ninth St.  
Prineville, OR 97754

Phone (541) 447-2631  
Fax (541) 447-2616

**EMPLOYMENT APPLICATION PACKET**

This application packet is designed to provide you with all the information you need to apply for employment with Rimrock Trails. Due to the nature of our profession it is important you have a clear understanding of the requirements for employment.

Read and be sure to complete all instructions carefully. In order for your application to be considered, all of the following are required and must be enclosed when your application is submitted.

Instructions:

1. Fill out the enclosed agency application completely.
2. A resume must be attached. However, it will not be acceptable substitute for the application.
3. Read the Confidentiality and Drug Free Workplace Policies. It is critical that you fully understand and abide by these policies.
4. The following enclosed forms must be signed and notarized:

For this purpose, we have a notary available at no charge. If you wish to use this service you will need to make an appointment.

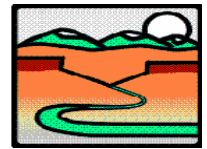
- Release of Information for Criminal History/Background Check
- Confidentiality Policy and Acknowledgement Form
- Drug Free Workplace and Acknowledgement Form

5. Attach a copy of your current driver's license.
6. Prior to employment, a current copy of your driving record will be required to verify insurability through our insurance carrier as employment requires use of company vehicles.
7. Return the application by mail, in person or by fax to:

Rimrock Trails Adolescent Treatment Services  
1333 NW 9<sup>th</sup> Street  
Prineville, OR 97754  
Fax to: 541-447-2616

# RIMROCK TRAILS ATS

## EMPLOYMENT APPLICATION



### APPLICANT INFORMATION

Last Name		First	M.I.	Date
Street Address			Apartment/Unit #	
City		State	ZIP	
Work Phone	Cell Phone	Home Phone	E-mail	
May we contact you on your work phone? Yes <input type="checkbox"/> No <input type="checkbox"/>		Date Available	Social Security No.	Desired Salary

Position Applied for \_\_\_\_\_ Referred By? \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for this company? YES  NO  If so, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO   
Was it in the last three years? YES  NO

If yes, explain: \_\_\_\_\_

Do you have a valid Oregon Drivers License? Yes  No

If recovering from alcohol or other drug dependency/abuse, have you maintained continuous sobriety under nonresidential, independent living conditions for the immediate past two years? YES  NO

Please indicate (X) which of the following types of work you are willing to accept:

- Regular full-time (with benefits)
- Regular part-time (less than 40 hour per week)
- Relief shift work
- Weekend work
- Overnight work

#### RIMROCK TRAILS ATS IS AN EQUAL OPPORTUNITY EMPLOYER

Rimrock Trails does not discriminate on the basis of race, color, national origin, age, gender, sexual orientation, marital status, religion, political affiliation, physical or mental disability, or any other basis prohibited by State of Oregon, federal or local law.

### EDUCATION

Please list all colleges, universities, military, trade, business or other schools attended (Including high school)

Name and Location of School	Major Area of Study or Type of Training	Degree or Certificate Obtained

**SPECIAL STUDY/VOLUNTEER WORK OR AREAS OF INTEREST:** \_\_\_\_\_

**LICENSES/CERTIFICATES:** List licenses or certificates you possess (including driver's license): \_\_\_\_\_

**SKILLS/ABILITIES:** List any skills/abilities you have which are pertinent to the position applied for: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES**  
Please list three professional (work related) references not related to you and whom you have known at least two years.

1. Full Name		Relationship	
Company		Phone	(    )
Address			
2. Full Name		Relationship	
Company		Phone	(    )
Address			
3. Full Name		Relationship	
Company		Phone	(    )
Address			

**CURRENT/PREVIOUS EMPLOYMENT**  
(List below your last four employer's, beginning with the most recent or current employer)

1. Company		Phone	
Address		Supervisor	
Job Title		Starting Salary	\$                      Ending Salary    \$
Responsibilities			
From		To	
Reason for Leaving			
May we contact this employer for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
2. Company		Phone	(    )
Address		Supervisor	
Job Title		Starting Salary	\$                      Ending Salary    \$
Responsibilities			

May we contact this employer for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
3. Company			Phone		( )		
Address			Supervisor				
Job Title		Starting Salary		\$	Ending Salary		\$
Responsibilities							
From		To		Reason for Leaving			
May we contact this employer for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
4. Company			Phone		( )		
Address			Supervisor				
Job Title		Starting Salary		\$	Ending Salary		\$
Responsibilities							
From		To		Reason for Leaving			
May we contact this employer for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
<b>MILITARY SERVICE</b>							
Branch					From		To
Rank at Discharge					Type of Discharge		
If other than honorable, explain							
<b>DISCLAIMER/AUTHORIZATION AND SIGNATURE</b>							
<p><i>I certify that all information on this Application is accurate, complete and true to the best of my knowledge. I understand that providing any false, inaccurate, incomplete or misleading information may result in my disqualification from consideration for employment with Rimrock Trails ATS or dismissal from employment if I am hired.</i></p> <p>I authorize Rimrock Trails ATS to investigate the accuracy and truthfulness of all information provided on this Application and to contact my current and former employers, listed references and any other persons who can verify information provided on this Application. I authorize all persons involved in the hiring process to discuss and review the results of any such investigation or contacts. I further authorize all contacted persons and employers to provide to Rimrock Trails ATS information concerning this Application, my background and my suitability for employment. By signing below, I release from liability each person, employer, agency and organization who or which provides any information regarding me or my previous employment or experience and I further release Rimrock Trails ATS and its elected officials, officers, employees and agents from liability for any use or disclosure, for purposes related to consideration of my Application for employment with Rimrock Trails ATS, of any information obtained related to my Application.</p> <p>If hired, I will conform to the rules and regulations of Rimrock Trails ATS. I understand that this Application is not a contract of employment and that, if hired, my employment with Rimrock Trails ATS is at will and my employment can be terminated with or without cause, and with or without notice, at any time by myself or by Rimrock Trails ATS.</p>							
Signature				Date			
In case of <u>Emergency</u> :							
Name		Address		Phone		Relation	

## ALCOHOL AND OTHER DRUG FREE WORKPLACE POLICY

### A. Introduction

The Central Oregon Extended Unit for Recovery (COEUR) recognizes responsibility to employees, clients and the public to maintain a safe and drug-free workplace. The possession, distribution, Manufacture, dispensation, sale or use of illegal drugs, and the abusive use of legal drugs or alcohol is prohibited in the workplace. Workplace for the purpose of this policy means the site for performance of work done for any COEUR program. "Workplace" includes a real property, facilities and structures of the organization, any vehicle owned by COEUR, or any other vehicle, including an employee vehicle when used for program business. "Workplace" also includes any site being used by COEUR programs for any activity, event or function. This policy covers all employees.

### B. Prohibited Contact

The following conduct is strictly prohibited:

1. The buying, selling, transportation, possession, manufacture, use or consumption of alcoholic beverages or any controlled substances, as defined by law, including marijuana or "mood altering substances" (but excluding any substance lawfully prescribed for the employee's use) while on COEUR property, while operating organization vehicles or any time during work hours, including rest and meal periods.
2. Reporting for work under the influence of alcoholic intoxicants. An employee is automatically considered to be "under the influence" of alcoholic intoxicants when the employee's blood alcohol content reaches or exceeds .04%
3. Reporting for work with any controlled substance, including marijuana or mood altering substance" (but excluding any substance lawfully prescribed for the employee's use) "present in the body" when the employee tests "positive" in any blood or urine test administered. An employee shall be deemed to test "positive" to cannabinoids (marijuana or hashish) if his urine test indicates 30 or more nanograms/ml.

Failing to promptly and fully cooperate with any aspect of COEUR's enforcement of this Alcohol and Other Drug Policy, including but not limited to submit to required testing, searches, professional evaluation for drug and alcohol dependency, or failing to comply with rehabilitation conditions imposed by COEUR or rehabilitation counselors will result in dismissal.

### C. Mandatory Testing

Mandatory testing to be required in the following circumstances:

1. New Hire/Periodic Testing. All staff new hires will be subject to urinalysis testing at the time of hire. A Potential hire who has failed a pre-employment screening may only be recertified as a candidate for a position with COEUR after completion, at his/her own expense, of an acceptable substance abuse rehabilitation program. COEUR reserves the right to make the right to make the determination whether a rehabilitation program is acceptable.

In addition, all employees will be subject to random testing on a periodic basis through a lottery system. In both new hire and random testing, COEUR will contact with a third party who will administer the tests, and COEUR will pay for screening. All results of substance abuse Screening will be held confidential by COEUR Administrative staff.

Refusal by a potential candidate for employment or current staff member to submit to this testing, on request, will result in a candidate's elimination from consideration for any and all positions of employment with COEUR, or, for current staff, will be considered violation of this policy and result in dismissal.

2. Reasonable Cause Testing – Where COEUR has reasonable grounds to believe that an employee is under the influence of any alcohol intoxicants or has a controlled substance present in the body, COEUR may require that the employee immediately submit to a field impairment test, blood, urine or breathalyzer test.

Employees who are required to submit to reasonable cause testing are prohibited from transporting themselves to the collection site. A supervisor or management employee will Provide transportation to a collection site designated by the respective COEUR program.

3. Post – Accident Testing – All employees who are involved in reportable accidents while on duty will be required to immediately submit to urine testing for the detection of drugs, unless we conclude the employee's action or in – action was clearly not a factor causing the accident. Likewise, whenever we feel there is a reasonable basis for believing that an employee involved in a reportable accident had alcohol in his/her system at the time of the accident, the employee will be required to immediately submit a blood sample for the detection of alcohol under the "reasonable cause" testing rule.

— "A" reportable accident" is one that results in a death or bodily injury requiring the injured person to receive immediate medical treatment away from the site of the accident or property damage which we feel is significant or estimated to be significant.

In the event an employee is injured, the first concern will, of course, be to obtain medical treatment for the employee. Injured employees will, however, be required to release medical documents so that COEUR can determine whether they had any controlled substance, including alcohol, present in the body.

#### D. Reporting:

1. Any employee who is indicted, pleads guilty or no contest to any federal or state drug statute for a violation occurring in the workplace must notify the Director in writing, within five days of the conviction.

2. An employee of COEUR who becomes or is aware of an employee's involvement with alcohol or drugs in the workplace or the effect upon any employee's performance of the employee's alcohol or drug use outside the workplace shall immediately notify the Director.

#### D. In-Service Training:

COEUR will provide all employees the following information upon hiring and as needed there after:

1. COEUR policy and commitment to a drug free workplace.
2. Availability of drug counseling, rehabilitation, other resources and referral.
3. Penalties that may be imposed upon employees for drug use violation occurring in the work place:

#### E. Searches

When COEUR believes there is reasonable suspicion that an employee is using controlled substances (but excluding any substance lawfully prescribed for the employee's use) or alcohol before reporting to work or returning from breaks or is in possession of such controlled substance or alcohol on COEUR programs premises, as described above, or during working hours, All personal items such as packages, bags lunch boxes, or other items being carried on or removed from the programs property, are subject to search. This right to search includes inspection of personal vehicles parked in parking lots or adjacent areas. Likewise, all COEUR property, including desks, equipment, vehicles, etc. will remain the property of COEUR and will be subject to search whenever COEUR believes an employee may be in violation of this policy.

When feasible, required searches will be conducted by supervisory or management staff.

Refusal to cooperate with investigations will, however, be considered evidence of a violation of this policy and will subject an employee to discipline, up to and including discharge.

All illegal drugs or drug paraphernalia found in or on COEUR property will be released to a law enforcement agency. A refusal to submit to a COEUR search may result in discipline, including termination.

#### F. Prescribed Medication

Employees utilizing any prescribed medication or controlled substance as part of a medical treatment program must immediately report this treatment to their supervisor. Although the use of medications or controlled substances as part of a prescribed medical treatment program is not grounds for disciplinary action, failure to report the use of a prescribed medication or use which is inconsistent with a prescription will subject an employee to disciplinary action, in the event there is a question regarding an employee's ability to safely perform assigned duties; clearance from a physician will be required. The abuse of prescription drugs will be determined by monitoring dosage and any perceived effects.

## G. Rehabilitation Assistance

Employees who have alcohol and/or drug dependency problems or feel they may have such problems are encouraged to contact the Director or pursue voluntary rehabilitation. COEUR encourages full voluntary disclosure for dependency or a relapse requiring immediate treatment.

When an employee, for the first time, voluntarily reports (s) has a drug or alcohol dependency problem or relapse, and seeks assistance, that employee will be directed to their medical provider for an evaluation and determination as to the appropriate form of treatment. A plan will be developed for either an outpatient or residential setting. The plan will outline the conditions expectations and time required for treatment and aftercare. A release of information will be required to be shared with the Director. Successful completion of the employee's program must be documented, concurrently with drug screening that will continue throughout treatment.

Time off for either outpatient or residential treatment will be at the employee's expense, by earned vacation time use. A leave of absence or adjusted working hours to allow for treatment may be available, on a case-by-case basis.

To Protect his/her position with COEUR, an employee seeking assistance must agree to all treatment, rehabilitation, aftercare and follow-up testing as set forth in a written "Rehabilitation and Return to Work Agreement" required by the Director.

Under contract with the Office of Alcohol and Drug Abuse Programs (OADAP), COEUR programs must comply with the named hiring practices outlined in Oregon Administrative Rules. Specifically, OAR 410-10-170, 415-51-050, 415-51-055, 415-51-057 require that any counselor or treatment staff recovering from a substance abuse related disorder "be able to demonstrate continuous sobriety under nonresidential, independent living conditions for the immediate past two years."

## CONFIDENTIALITY POLICY AND PROCEDURES

### CONFIDENTIALITY

Confidentiality is a key area of concern in any human service program. This is doubly true for an alcohol and other drug program, as the Federal Standards that supersede State standards are very high. All staff are expected to understand and follow the laws regarding confidentiality.

A: The Law: The program may not disclose any information about any client.

There are eight expectations to the above statement, which will be gone over below. However, before going on, it is important to note that unless very clear grounds for an Exception can be found according to the criteria for exceptions, the prohibition against disclosure is absolute. We may not disclose any information which would identify any client, current or past, living or dead, in any way, ever. This includes phone calls, visitors on the property, subpoenas, search warrants, exchanges of information between programs, and every other way information would leave the program about any client.

The total blanket effect on the prohibition of disclosure has implications for many areas of the program. For instance, we may not answer our business phone, and then respond with any answer about any inquiry about a client except to say:

"I'm sorry, but Federal Confidentiality regulations prohibit me from disclosing any information to you which might identify any client of this program."

This means that we may not take messages for clients at the business phone, that we may not tell a concerned mother if her son/daughter is in our program, that we may not even give out the phone number of the client's pay phone over the business line. We cannot do anything which might lead to the disclosure of information about any client.

When does someone become covered by these regulations? As soon as they apply for services, even if we do not accept the m. When does coverage under these regulations end? Never, except for the exceptions listed below in this document.

Please study the exceptions carefully. If in doubt, do not disclose. Please feel free to consult with the Program Director regarding these regulations. Remember that you personally are liable for the consequences of an unauthorized disclosure. Under the Federal law, you may be fined \$500 for the first violation, and \$5,000 for any subsequent violation of the regulations. So, remember: The program may not disclose any information about any client.

B: Exceptions: There are eight exceptions to the blanket ban of disclosure. Of these eight, only the exceptions regarding internal communication, consent, and court orders will have much effect on your day-to-day work. Yet, it is important to know the other exceptions in case they do come up.

1: Consent: You are allowed to disclose information regarding a client if that client has Given you authorization and his/her consent. This consent has to be written, and has to contain in its written form all of the following eight points. If the consent form that we use Is filled out properly, with no blanks, then you will be authorized to make a disclosure. Consent can be withdrawn at any time by the client who gives his/her consent, with the exception of some court mandated residents.

The eight points that must be in written consent are:

- Name of the program (Rimrock Trails ATS)
- Name of the recipient (person or program okay to release to)
- Name of the Client
- Purpose or need (must be specific)
- Extent or nature (time limits, content limits, etc)
- Revocation statement
- Signature of resident
- Date
- Written notice of prohibition on re-disclosure

Please note the "Authorization for release of information" form in the intake package. Consent forms may not be signed. Originals are kept on file here at Rimrock Trails ATS

unless we need to send it to a person or institution when we are requesting information (in which case we will keep a copy on file). Again, consent forms are not valid unless all eight points are covered.

When we make written disclosure, we must send a form along with the disclosure that advises against further re-disclosure. This issue of re-disclosure can be tricky at times. For example, if a resident has given us consent to be in contact with a probation officer about the status of his/her stay here, the probation officer cannot report to a judge what the report says, unless the client consents for Rimrock Trails ATS to directly contact the Judge. A "blanket" judicial release is too broad, each consent to release needs to be specific. In any case, information that is released is out of our control, and our only obligation is to send along the re-disclosure statement with the information. In the case of telephone contact with someone, we must warn them verbally not to re-disclose.

**2: Internal Communications:** Beyond a consent to release information, the most common exception to the ban of information disclosure has to do with internal communication. In this case "internal" means within the organization of Central Oregon Extended Unit for Recovery/Rimrock Trails ATS. The rule that governs internal communication is the "need to know" something about a client, then that person may know. All staff has blanket permission to know anything about any client. The support staff such as the cooks, and the maintenance staff, can only be given information that they need to know to do their jobs. This will not be much.

**3: Court Orders:** A very narrow exception exists for allowing the disclosure of information in compliance with a Court Order. This exception does not cover subpoenas or search warrants. If you in your function as a staff member, are served with a subpoena or search warrant that would have you release any information which could identify any client of the program, you may legally decline the subpoena or search warrant, in fact you are legally compelled to do so. Federal Laws regarding confidentiality supersedes all other laws in this matter. Even the F.B.I. cannot use an ordinary subpoena or search warrant

For a court to obtain information from our records, or any information which would identify any client, there must be a special hearing at which time the program involved can either support or oppose the subpoena or search warrant. For the record, in case you are ever facing a police officer and feel nervous about this, Subpart 2 of 42 CFR is the legal reference for this hearing procedure.

There are two exceptions to exception. If records are being subpoenaed for the purpose of Investigation of the Rimrock Trails ATS program, you must surrender them. Also, while you can resist a search warrant for a specific person or object, the police armed with a search warrant can walk around our property and look at people. They may not see records, sign in/out sheets, or any other record which might identify someone. Unless the search warrant specifically mentions a resident room number or location, they cannot go into a room. In other words, they have the legal right, with a specific search warrant, to hang out in the parking lot.

If the police are forceful about a search warrant or subpoena, they can be advised that any evidence that they obtain illegally cannot be used in court, and that all they need to do is get a Court Order in compliance with Subpart E of Section 2 of 42 CFR in order to legally get the records:

The same statement which is said about inquiries over the telephone about clients is appropriate to quote in this situation:

"I'm sorry but Federal Confidentiality regulations prohibit me from disclosing any information to you which might identify any client of this program'.

**4: Medical Emergency:** In the case of current, valid, life-threatening medical emergency, you may release to medical personnel information that identifies and makes know the physical condition of the resident. This exception should only be made when there is no way to avoid making the exception without endangering the health of the resident. If possible, the disclosure should be made by the client himself/herself.

**5: Crime on property or Against Personnel:** If a client commits a crime on the program property, then we can report that crime, without consent. We need to give the least amount of information possible in assisting the police in pursuing their investigation. If the client commits a crime against a staff member, either on the property or off of the property,

then this can be reported to the police.

If the client reports that he/she has committed a crime, or is about to commit a crime off of the property, not related to staff member, we cannot make a direct report. However, anonymous reports can be made which identify the individual involved as long as this report does not identify the source of the report, or the fact that the client is in a treatment program. This means that we cannot give out the Rimrock Trails ATS address in an anonymous report. Of course, if the client consents to a release, then we can make full disclosures.

**6: Reporting Suspected Child Abuse and Neglect:** The new Federal regulations remove the ban on reporting suspected Child Abuse. This then places us under Oregon law in this regard. The law is clear. If it comes to your attention in any way that a client may have been abused or neglected a minor child, you must report this to the local authorities. No information can be withheld. Check with your supervisor for the proper way to report abuse. Failure to report child abuse and neglect is a crime.

**7: Research/Audit:** Information which identifies clients can be released to a qualified researcher or auditor. The Federal regulations are vague on this, but do leave the decision as to what is "qualified" to the Program Director.

Releases of information which do not identify residents are permitted by the regulations. For example, a statement "76% of the residents that were black finished the program" would be acceptable as it does not identify any client.

**8: Qualified Service Organizations:** With the proper agreements, we may disclose information to other service providers. The Program Director must do this, and staff will be notified in accordance with the regulations.

## CONFIDENTIALITY POLICY AND PROCEDURES

Employee Acknowledgement

I, \_\_\_\_\_, have read the COEUR Confidentiality Policy and Procedure packet and recognize that it applies to my employment at Rimrock Trails ATS.

I understand that as part of my employment, I need to know and understand this policy and the appropriate procedures associated with client confidentiality.

I further understand that I am personally liable under the Federal Confidentiality Regulations for any unauthorized disclosure and subject to the penalties for doing so.

I have read this Policy: \_\_\_\_\_yes \_\_\_\_\_no

I understand this policy: \_\_\_\_\_yes \_\_\_\_\_no

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

.....

State of Oregon

County of \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_

by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public – State of Oregon

My commission expires: \_\_\_\_\_

**Consent Form to Request Information for a Criminal  
Background Check**

I understand that Rimrock Trails will conduct a criminal history background check as part of the procedure for processing my application for employment. I understand that Rimrock Trails ATS will conduct an investigation that verifies my social security number and includes obtaining information regarding my past employment and criminal background. I understand the criminal history background check will include my counties of residence to search for criminal records. I understand if I disagree with the accuracy of any information in the report, I must notify Rimrock Trails ATS Personnel Office representatives within three (3) business days of receipt of the report. If I notify Personnel within this time, I will have a reasonable opportunity to address the information contained in the criminal history background check report. I understand that the information contained in the criminal history background check will be available to those persons involved in making employment decisions or performing the background investigation, and that this information will be used for making employment decisions.

**Caution – Read Before Signing**

I hereby consent to the criminal history background check as described above and authorize Rimrock Trails ATS to obtain reports concerning my background as stated above. I hereby release Rimrock Trails ATS, its officers, agents and employees from any and all liability related to Rimrock Trails ATS (COEUR) using my criminal background information to make employment decisions.

I hereby request the **PRINEVILLE POLICE DEPARTMENT** to release to:

Rimrock Trails ATS  
Central Oregon Extended Unit for Recovery

Any information which pertains to any record of conviction contained in its files or in any criminal file maintained on me whether local, state, or national. I hereby release said **PRINEVILLE POLICE DEPARTMENT** from any and all liability resulting from such disclosure.

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

Maiden name (if applicable): \_\_\_\_\_

Print all aliases: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License # \_\_\_\_\_ State: \_\_\_\_\_

Signature \_\_\_\_\_ Today's Date: \_\_\_\_\_

Subscribed and sworn to the State of Oregon \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Notary Public of the State of Oregon  
My commission expires: \_\_\_\_\_

Prineville Police Department will give a verbal report to the requesting entity.  
No written record or copy thereof will be given.

Name of person(s) authorized receive the verbal report.  
\_\_\_\_\_  
\_\_\_\_\_

Phone # to call with the report: \_\_\_\_\_

Deliver or fax this form to Prineville Police Department.  
Attn: Mary Dethman, Administrative Assistant  
Phone # 447-8331 Fax # 447-8619

**DRUG FREE WORKPLACE POLICY**

**Pre-Employment Consent Form/Employee Acknowledgement**

I, \_\_\_\_\_, have read the COEUR Drug-Free Workplace policy, and recognize that it applies to my employment.

I understand that part of the hiring process for employment with COEUR includes testing for both alcohol and controlled substances. I further understand that to complete the application process, and assure continued employment, I must participate, when requested, in this testing. I consent to urinalysis testing and recognize that the results of an analysis of this testing will be provided to COEUR and will be used to determine my suitability for employment/continued employment.

I have read the policy:                    \_\_\_\_\_yes                    \_\_\_\_\_no

I understand the policy:                    \_\_\_\_\_yes                    \_\_\_\_\_no

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

.....

State Of Oregon

County of \_\_\_\_\_

Signed or attested before me on \_\_\_\_\_ by \_\_\_\_\_

\_\_\_\_\_  
Notary Public – State of Oregon

My commission expires: \_\_\_\_\_

**AUTHORIZATION TO RELEASE INFORMATION  
(Personal Inquiry Waiver)**

To Whom It May Concern:

I respectfully request and authorize you to furnish Central Oregon Extended Unit for Recovery, Inc. (COEUR), with any and all information that you may have concerning me, my employment (work) and educational records, my character, my financial and credit status, my driving record and any record of criminal history. Your cooperation in this reply will be used to assist COEUR in determining my qualifications and fitness for the position I am seeking with COEUR.

I hereby release you, your organization and others, from liability or damage, which may result from furnishing the information requested.

Date: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Name (Printed)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Oregon Drivers License

\_\_\_\_\_  
Signature

**MILITARY INFORMATION:**

I hereby authorize the release of my military service records, including medical, Physical, and mental records and reports to COEUR, Prineville, Oregon  
Service # \_\_\_\_\_

\_\_\_\_\_  
Signature

State of Oregon

County of \_\_\_\_\_

Signed or attested before me on \_\_\_\_\_ by \_\_\_\_\_

\_\_\_\_\_  
Notary Public-State of Oregon

My commission expires: \_\_\_\_\_