

EMPLOYMENT APPLICATION

The Company is an equal opportunity employer and does not discriminate against any applicant or employee because of race, color, religion, gender, national origin, age, disability, veteran status, citizenship or any other characteristic protected by federal, state, or local law.

APPLICANT INSTRUCTIONS

Individuals who need assistance with any phase of the application process should notify the person who gave them the application to request a reasonable accommodation.

1. Complete all four pages.
4. Print clearly: incomplete or illegible applications will not be processed. PLEASE NOTE "NOT APPLICABLE" IF NOT ANSWERING A QUESTION.
5. Provide only requested information. Failure to do so may result in disqualification of your application.
6. Some packets may include an EEO Self Identification Form. This information is being gathered for federal recordkeeping and/or affirmative action purposes only. The information requested is voluntary and will be kept confidential. An applicant will not be subject to any adverse treatment for refusing to complete the questionnaire.

POSITION APPLIED FOR: _____

TODAY'S DATE: _____

NAME: _____
LAST FIRST MI

HOME PHONE: _____ WORK PHONE: _____

CURRENT ADDRESS: _____
STREET

CITY STATE ZIP

PRIOR ADDRESS: _____
STREET

CITY STATE ZIP

Are you at least 18 years of age: Yes No

Are you legally eligible to work in the United States? Yes No

Proof of employment eligibility will be required if hired.

AVAILABILITY

What date can you start? _____ What category would you prefer? Full time Part time Temporary Labor pool

For which schedules are you available? * Weekdays Weekends Evenings Nights Overtime Shift Other _____

*Reasonable efforts will be made to accommodate sincerely held religious beliefs.

ESSENTIAL JOB FUNCTIONS

Yes No Have you been given a job description or had the essential functions of the job explained to you?

Yes No Do you understand these essential functions?

Yes No After carefully reviewing the job description and physical requirements of the job for which you are applying, are you able to perform the essential functions of the job with or without reasonable accommodation?

PROFESSIONAL LICENSES AND CERTIFICATIONS

Yes No Do you hold any professional licenses or certifications?

Name of license/certifications _____

License/certification number: _____ Issuing State: _____

Yes No Has your license/certification ever been revoked or suspended?

If yes, state the reason(s), date of revocation or suspension, and date of reinstatement: _____

REFERENCES

Include only individuals familiar with your work ability. Do not include relatives or names of supervisors listed.

NAME	ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP
1.		
2.		
3.		

EDUCATION

Please circle highest grade completed. 7 8 9 10 11 12 13 14 15 16 16+

If your school records are under a different name than listed above, please enter that name _____

NAME	CITY/STATE	GRADUATED	DEGREE TYPE
HIGH SCHOOL		<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE		<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER		<input type="checkbox"/> Yes <input type="checkbox"/> No	

PREVIOUS EMPLOYERS

PLEASE NOTE: Your application may not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the *correct telephone numbers of past employers are critical*. Ask for a phone book or call information if necessary. FOR EMPLOYERS OUTSIDE THE U.S., A CURRENT FAX NUMBER IS MANDATORY.

In Massachusetts an applicant may include any verified work performed on a volunteer basis.

MOST RECENT EMPLOYER Yes No Are you currently working for this employer?
 Yes No If yes, may we contact?

PHONE ()
FAX ()

COMPANY NAME _____ CITY _____ STATE _____

FROM _____ TO _____
DATES EMPLOYED _____ JOB TITLE _____ SUPERVISOR NAME _____

DUTIES _____

PER _____
SALARY _____ (HOUR, WEEK, MONTH) REASON FOR LEAVING _____

SECOND MOST RECENT EMPLOYER

PHONE ()
FAX ()

COMPANY NAME _____ CITY _____ STATE _____

FROM _____ TO _____
DATES EMPLOYED _____ JOB TITLE _____ SUPERVISOR NAME _____

DUTIES _____

PER _____
SALARY _____ (HOUR, WEEK, MONTH) REASON FOR LEAVING _____

THIRD MOST RECENT EMPLOYER

PHONE ()
FAX ()

COMPANY NAME _____ CITY _____ STATE _____

FROM _____ TO _____
DATES EMPLOYED _____ JOB TITLE _____ SUPERVISOR NAME _____

DUTIES _____

PER _____
SALARY _____ (HOUR, WEEK, MONTH) REASON FOR LEAVING _____

FOURTH MOST RECENT EMPLOYER

PHONE ()
FAX ()

COMPANY NAME _____ CITY _____ STATE _____

FROM _____ TO _____
DATES EMPLOYED _____ JOB TITLE _____ SUPERVISOR NAME _____

DUTIES _____

PER _____
SALARY _____ (HOUR, WEEK, MONTH) REASON FOR LEAVING _____

DRIVER'S LICENSE INFORMATION

- Yes No If the job requires, do you have the appropriate valid driver's license?
Name on license _____ DL # _____ Type _____ State of Issue _____
- Yes No Have you had any moving violations within the last seven years? Please describe. _____

CRIMINAL HISTORY

Please note that a "Yes" answer to any of the following questions will not necessarily disqualify you from employment. Factors such as the age and time of the offense, seriousness and nature of the violation, and rehabilitation will be considered when making any employment decisions.

Have you ever been convicted of or pleaded guilty to a crime? Do not include convictions that were sealed, erased, annulled or expunged pursuant to a court order:

NOTE: Before answering this question regarding criminal convictions, please refer to the instructions below if you reside or are applying for a position in California, Connecticut, District of Columbia, Georgia, Hawaii, Massachusetts, Nevada, New York, or Washington.

- Yes No Please explain any "Yes" answer. Use additional paper if necessary.
-
-

Are you currently awaiting trial for any criminal offense?

- Yes No Please explain any "Yes" answer. Use additional paper if necessary.
-
-

INSTRUCTIONS FOR ANSWERING CRIMINAL CONVICTION INQUIRY

California Applicants: Do not identify any misdemeanor conviction for which probation has been successfully completed or otherwise discharged and the case has been dismissed by a court. Do not disclose your referral to or participation in any pretrial or post trial diversion program. Also, do not identify marijuana-related convictions entered by the court more than 2 years ago that involve: unlawful possession of marijuana; transportation or giving away up to 28.5 grams of marijuana, other than concentrated cannabis, or the offering to transport or give away up to 28.5 grams of marijuana, other than concentrated cannabis; possession of paraphernalia used to smoke marijuana; being in a place with knowledge that marijuana was being used; or being under the influence of marijuana.

Connecticut Applicants: Applicants are not required to disclose the existence of any arrest, criminal charge, or conviction, the records of which have been erased pursuant to section 46b - 146, 54 - 76o or 54 - 142a of the Connecticut General Statutes. Criminal records subject to erasure under these sections are records pertaining to a finding of delinquency or the fact that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or nolle (not prosecuted), a criminal charge for which the person was found not guilty, or a conviction for which the offender received an absolute pardon. Any person whose criminal records have been erased pursuant to these sections is deemed to have never been arrested within the meaning of the law as it applies to the particular proceedings that have been erased, and may so swear under oath.

District of Columbia Applicants: Do not identify convictions that are more than ten (10) years old.

Georgia Applicants: Do not identify any guilty plea that was discharged by the court under Georgia's First Offender Act.

Hawaii Applicants: Do not answer this question at this time. You will only have to answer this question if you receive a conditional offer of employment. At that time, you will be asked whether you have been convicted of a crime within the past ten (10) years.

Massachusetts Applicants: An applicant for employment with a sealed record on file with the Commissioner of Probation may answer "no record" with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. In addition, an applicant for employment may answer "no record" with respect to an inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution. Massachusetts applicants should not disclose information regarding first-time misdemeanor convictions for drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace. Finally, Massachusetts applicants should not disclose convictions for other misdemeanors where the date of conviction or the end of any period of incarceration was more than five years ago unless there have been subsequent convictions within those five years.

Nevada Applicants: Only disclose misdemeanors that result in imprisonment and all felonies.

New York Applicants: Do not disclose information regarding any criminal proceeding that terminated in a "youthful offender adjudication", as defined in section 720.35 of the New York Criminal Procedure Law.

Washington Applicants: Do not identify any conviction that is more than ten (10) years old at the time of making this application.

CERTIFICATION AND RELEASE

I understand that this application form is intended for use in evaluating my qualifications for employment and that this application is not an offer of employment. I further understand that if hired, my employment will be considered "at-will" and that my employment may be terminated for any reason, with or without cause or notice, at any time by me or the Company and that this application is not intended to constitute a contract of continued employment.

I certify that the information submitted by me on this application is true and complete. I understand that any false information, misrepresentations or omissions on this application, on other written materials, or provided during any interviews will lead to the rejection of my application or, if I am employed, discipline up to and including termination at the time such false information or omission is discovered.

I understand that additional testing of job-related skills and for the presence of drugs may be required prior to employment. I also understand that after an offer of employment and prior to reporting to work, I may be required to submit to a medical review and depending on Company policy and the needs of the job, I may be required to complete a medical history form and be examined by a medical professional designated by the company. I also understand that I may not be under the influence of drugs or alcohol during employment and that if Company policy so requires, I may be required to submit to drug and/or alcohol testing at an approved testing facility.

I understand that smoking is prohibited in all indoor areas of the Company's facilities unless designated smoking areas have been established at a particular location in accordance with applicable state and local law.

I authorize the Company and/or its agents, including consumer reporting bureaus, to investigate and verify any of the information provided by me. I authorize my former employers, educational institutions, references and any relevant agencies to provide information to the Company and/or its agents concerning my background and experience. I release the Company and all parties providing information to the Company about my background and experience from any liability whatsoever arising therefrom.

SIGNATURE	DATE
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This application will only be considered for 90 days. If you have not been hired within 90 days of filling out this application and you wish to be considered for future employment, you must complete a new application.

STATE SPECIFIC NOTIFICATIONS

"Under Maryland law, an employer may not require or demand, as a condition of employment, prospective employment or continued employment, that an individual submit to or take a lie detector or similar test. An employer who violates this law is guilty of a misdemeanor and subject to a fine not exceeding \$100."

Maryland Applicants: please sign and acknowledge receipt of the above notice.

SIGNATURE	DATE
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Massachusetts Applicants: "It is unlawful in Massachusetts 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."

Rhode Island Applicants: "The company is subject to Chapters 29-38 of Title 28 of the General Laws of Rhode Island, and is therefore covered by the state's workers' compensation law."

AUTHORIZATION FOR BACKGROUND CHECKS

After carefully reading this Background Check Disclosure and Authorization form, I authorize the Company to order my background report, including investigative consumer reports. I understand that the Company may rely on this authorization to order additional background reports, including investigative consumer reports, during my employment without asking me for my authorization again as allowed by law.

I also authorize the following agencies and entities to disclose to ADP Screening and Selection Services and its agents all information about or concerning me, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. The information that can be disclosed to ADP Screening and Selection Services and its agents includes, but is not limited to, information concerning my employment history, earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses and substance abuse testing.

I agree the Company may rely on this authorization to order background reports, including investigative consumer reports, from companies other than ADP Screening and Selection Services without asking me for my authorization again as allowed by law. I also agree that a copy of this form is valid like the signed original. I certify that all of my personal information on this form is *true and correct* and understand that dishonesty will disqualify me from consideration for employment with the Company, or if I am hired or already work for the Company, that my employment may be terminated.

Last Name _____ First _____ Middle _____

Maiden/Other Names _____ Years Used _____

Social Security Number _____ Phone Number _____

Driver's License Number _____ State _____

FOR IDENTIFICATION PURPOSES ONLY: Date of Birth ____/____/____ (Month/Day/Year)

Addresses Within The Past Seven Years (use a separate sheet as needed)

Present Street Address _____

City/State/ZIP _____

From ____/____/____ (Month/Day/Year) To ____/____/____ (Month/Day/Year)

Prior Street Address _____

City/State/ZIP _____

From ____/____/____ (Month/Day/Year) To ____/____/____ (Month/Day/Year)

Prior Street Address _____

City/State/ZIP _____

From ____/____/____ (Month/Day/Year) To ____/____/____ (Month/Day/Year)

Signature _____

Date: ____/____/____ (Month/Day/Year)

Para informacion en español, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

- You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
 - You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.
- In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.
- You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
 - Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
 - Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
 - Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
 - You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
 - You may limit “prescreened” offers of credit and insurance you get based on information in your credit report. Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
 - You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
 - Identity theft victims and active duty military personnel have additional rights. For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Consumer Help (FRCH) P O Box 1200, Minneapolis, MN 55480 Telephone: 888-851-1920 Website Address: www.federalreserveconsumerhelp.gov Email Address: ConsumerHelp@FederalReserve.gov
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051

BACKGROUND CHECK DISCLOSURE AND AUTHORIZATION FORM

In the interest of maintaining the safety and security of our customers, employees and property, **Southeastern Developmental Services** (the "Company") will order a "consumer report" (a background report) on you in connection with your employment application, and if you are hired, or if you already work for the Company, may order additional background reports on you for employment purposes.

The background check company, ADP Screening and Selection Services, will prepare the background report for the Company. ADP Screening and Selection Services is located at 301 Remington Street, Fort Collins, CO, 80524, and can be reached by phone at 800-367-5933 or at their Internet Web site address www.adpselect.com.

The background report may contain information concerning your character, general reputation, personal characteristics, mode of living, and credit standing. The types of information that may be ordered include but are not limited to: Social Security number verification; criminal, public, educational and, as appropriate, driving records checks; verification of prior employment; reference, licensing and certification checks; credit reports; and drug testing results. The information may be obtained from private and public record sources, including personal interviews with your associates, friends, and neighbors. (An "investigative consumer report" is a background report that includes information from such personal interviews, except in California where that term means any background report.) The nature and scope of the most common form of investigative consumer report is an investigation into your education and/or employment history conducted by ADP Screening and Selection Services or another outside organization.

You may request more information about the nature and scope of an investigative consumer report, if any, by telephoning the Company at **719-336-3244**. A summary of your rights under the Fair Credit Reporting Act is also being provided to you with this form.

Fair Credit Reporting Act Candidate Notice and Disclosure

_____ (the "Company") will order a consumer report and/or an investigative consumer report (background check report) on you in connection with your application for employment, or if already hired, or if you already work for the Company, we may order additional background check reports on you for employment purposes without obtaining additional consent, where permissible by law. The consumer reporting agency ("Consumer Reporting Agency") that will prepare and process the report(s) is:

ADP Screening and Selection Services
301 Remington Street
Fort Collins, Colorado 80524
Telephone 800-367-5933

In the event that information from the report is utilized in part or in whole in making an adverse decision with regard to your potential employment or employment, before making the adverse action, we will provide you with a copy of the report and a description in writing of your rights under the law.

You have the right to request, in writing, within a reasonable time, that we disclose the nature and scope of the information requested. Such disclosure will be made to you within 5 days of the date on which we receive the request from you or within 5 days of the time the report was first requested, whichever is the later. To receive this information or to inspect any files concerning such a report or to determine if a report has been requested, you may contact the Company or the Consumer Reporting Agency.

The Fair Credit Reporting Act and certain state laws give you specific rights in dealing with consumer reporting agencies. You will find these rights in the attached documents.

Please be advised that we may also obtain an investigative consumer report (background check report) on you that may include information as to your character, general reputation, personal characteristics, and mode of living. By your signature below, you hereby authorize us to order consumer and/or investigative consumer reports including, but not limited to: social security number validation, criminal conviction records, employment and earnings history, education, credit, licensing and certification checks, references, military service, sex offender registry, civil cases, OIG/GSA, OFAC/Patriot Act records, any sanctions list, FBI fingerprinting, and if applicable, workers' compensation injuries, driving record, and drug testing results. The information may be obtained from private and public repositories of information, and can be disclosed to the processing agency (Consumer Reporting Agency) listed above and its agents.

I, _____, agree that a facsimile or photocopy of this form is valid just like the original form.

I acknowledge receipt of this Disclosure and the attached Fair Credit Reporting Act Summary of Rights.

Please print your full name. Last First Middle

Current Address City State Zip Code

(FOR IDENTIFICATION PURPOSES ONLY) Social Security Number Date of Birth

Signature Today's Date

**GIVE COPY WITH STATE LAW NOTICES, SUMMARY OF RIGHTS AND RELEASE AUTHORIZATION
DOCUMENTS TO CANDIDATE. RETAIN A COPY FOR YOUR FILES.**

VOLUNTARY EEO SELF-IDENTIFICATION FORM

The Company is an equal opportunity employer and does not discriminate against applicants or employees on the basis of race, color, religion, sex, national origin, age, disability, veteran status, citizenship or any other characteristic protected by federal, state or local laws. The purpose of this form is to assist the Company in complying with required government recordkeeping and reporting requirements as well as affirmative action obligations, if applicable. This information is not part of your employment application and will not be considered in the employment/selection process. The information requested is voluntary and will be kept confidential. If you choose not to provide this information, you will not be subject to any adverse treatment. If you choose to provide the information, please complete the following:

Name: _____ Date: _____

Title of job applied for: _____

SEX

- Male
 Female

RACE/ETHNICITY

Are you Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race.)

- Yes
 No

If you answered "No" to "Are you Hispanic or Latino?" please indicate what race/ethnicity you believe yourself to be:

- American Indian or Alaskan Native (Not Hispanic or Latino) – A person having origins in any of the original peoples of North or South America (including Central America) and who maintain tribal affiliation or community attachment.
- Asian (Not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippines Islands, Thailand, and Vietnam.
- Black or African American (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Two or More Races (Not Hispanic or Latino) – All persons who identify with more than one of the above five races.

PERSONAL AND CONFIDENTIAL

THIS FORM CONTAINS SENSITIVE INFORMATION. KEEP ONLY IN SECURE FILES, SEPARATE FROM PERSONNEL RECORDS.

VOLUNTARY VETERANS AND DISABILITY SELF-IDENTIFICATION FORM

The Company is an equal opportunity employer and does not discriminate against applicants or employees on the basis of race, color, religion, sex, national origin, age, disability, veteran status, citizenship or any other characteristic protected by federal, state or local laws. The purpose of this form is to assist the Company in complying with any required government recordkeeping and reporting requirements as well as any affirmative action obligations. This information is not part of your employment application and will not be considered in the employment/selection process. The information requested is voluntary and will be kept confidential. If you choose not to provide this information, you will not be subject to any adverse treatment. If you choose to provide the information, please complete the following:

Name: _____ Date: _____

Title of job applied for: _____

Are you an individual with a disability? (You may be an individual with a disability if you have a physical or mental impairment which substantially limits you in one or more major life activity, or have a record of having such an impairment, or are regarded as having such an impairment.)

- Yes
 No

VETERAN STATUS

- Special Disabled Veteran
1. A veteran who is entitled to compensation under laws administered by the Department of Veterans Affairs for a disability (a) rated at 30% or more, or (b) rated at 10% or 20% if it has been determined that the individual has a serious employment disability; or
 2. A veteran who was discharged or released from active duty because of a service-connected disability.
- Vietnam Era Veteran
1. Served in the military, ground, naval or air service of the U.S. on active duty for a period of more than 180 days, and was discharged or released therefrom with other than a dishonorable discharge, if any part of such active duty occurred: (a) in the Republic of Vietnam between 02/28/1961 and 05/07/1975; or (b) between 08/05/1964 and 05/07/1975, in all other cases; or
 2. Was discharged or released from active duty for a service connected disability if any part of such active duty was performed: (a) in the Republic of Vietnam between 02/28/1961 and 05/07/1975; or (b) between 08/05/1964 and 05/07/1975, in all other cases.
- Recently Separated Veteran
1. Any veteran who served on active duty during the three year period beginning on the date of such veteran's discharge or release from active duty.
- Other Protected Veteran
1. A veteran who served in the military, ground, naval or air service of the U.S. on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.
- Armed Forces Service Medal Veteran
1. A veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

PERSONAL AND CONFIDENTIAL

THIS FORM CONTAINS SENSITIVE INFORMATION. KEEP ONLY IN SECURE FILES, SEPARATE FROM PERSONNEL RECORDS.

Southeastern Developmental Services

Drug & Alcohol Test Consent Form

Notice and Authorization for Employee Drug/Alcohol Testing

As a matter of policy and to help ensure a safe work environment free of the use of illegal drugs that may impair an employee's ability to perform the essential functions of the position, Southeastern Developmental Services screens employees for the presence of illegal drugs and alcohol. A negative drug/alcohol test is a condition of continued employment at Southeastern Developmental Services. Furthermore, positive test findings will result in discipline, up to and including termination of employment.

A positive test result generally will disqualify you from employment or consideration from employment at Southeastern Developmental Services for a period of six (6) months, from the date the notice of the positive result was received.

Submitting an altered urine sample or refusing to be tested will be treated as a positive test result.

Consent Agreement and Release of Liability

I have read, understand, agree, and consent to Southeastern Developmental Services policy as stated above.

I AUTHORIZE Southeastern Developmental Services agent(s) to collect a specimen(s) of my urine for chemical analysis.

I UNDERSTAND that decisions regarding my continued employment at Southeastern Developmental Services may be made based on the result of this test.

I CONSENT to this test for drugs/alcohol and authorize the clinician to provide test results to Southeastern Developmental Services in consideration for review of my continued employment, I hereby release Southeastern Developmental Services its affiliates, agents, officers, managers and employees from any liability resulting from employment decisions made from the results of this test.

Employee's Signature

Date

Print Name

Pre-employment Drug Testing!