

# **MOWREY ELEVATOR COMPANY**

A LEGIBLE COPY OF THE FOLLOWING DOCUMENTS ARE REQUESTED UPON COMPLETION OF THIS APPLICATION:

- A.) DRIVER'S LICENSE  
IF NO VALID DRIVER'S LICENSE, PLEASE PROVIDE ID CARD ISSUED BY FEDERAL, STATE OR LOCAL GOVERNMENT AGENCIES.
  
- B.) U.S. SOCIAL SECURITY CARD ISSUED BY THE SOCIAL SECURITY ADMINISTRATION

## PRE-EMPLOYMENT AGREEMENT

Please read carefully:

I freely and voluntarily agree to submit a urinalysis (drug screen) as part of my application for employment. I understand that either refusal to submit to the urinalysis screen or failure to qualify according to the minimum standards established by the company for this screen may disqualify me from further consideration for employment.

I further understand that upon commencement of employment with the company I may again be required to submit to a urinalysis screen. I understand that refusal to take a requested urinalysis screen or failure to meet the minimum standards set for the screen may result in immediate suspension or discharge.

I have read in full and understand the above statements and conditions of employment.

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

Driver's License Information:

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

Mowrey Elevator Company, Inc.  
3300 SW 50<sup>th</sup> Avenue  
Davie, Florida 33314  
1-800-432-2966  
Fax: 954-583-1119

AN OPEN LETTER TO THE EMPLOYEES OF  
MOWREY ELEVATOR COMPANY, INC.  
AS OF FEBRUARY 18, 1992

We have come to recognize that substance abuse is a on-the-job problem, as well as a social problem, for all of us. We believe abuse of alcohol and use of illegal drugs endangers the health and safety of the abusers and of the others around them.

Mowrey Elevator Company, Inc. has committed to creating and maintaining an alcohol and drug-free workplace without jeopardizing the job security of valued, but trouble, employees provided they are prepared to help us help them.

Our policy now formally states that substance abuse will not be tolerated on or off the job. This prohibition includes the possession, use or sale of illegal drugs or alcohol. (Company-sponsored activities during which alcoholic beverages may be served are not included in this provision.)

It is important that all of us work together to deal with alcohol and substance abuse and other personal problems to make Mowrey Elevator Company, Inc. a safer and even more rewarding place to work.

All information will be confidential between employer and employee.

RULE 38 F-9 is the authorization allowing us to implant a Drug-Free Workplace Program.

The existence of Chapter 440 FS applies to the drug-free workplace.

Sincerely,

William Grabin  
Vice President

WG/vb

## PRE-EMPLOYMENT DRUG-TESTING POLICY A

All job applicants at this company will undergo screening for the presence of illegal drugs or alcohol as condition for employment.

Applicants will be required to voluntarily submit a urinalysis test at a laboratory chosen by the company and by signing a consent agreement, will release the company from liability.

The company will not discriminate against applicants for employment because of past abuse of drugs or alcohol. However, the company will not tolerate any current drug or alcohol abuse that prevents employees from properly performing their jobs.

## DRUG-TESTING POLICY B

### ACTIVE EMPLOYEE SUBSTANCE-ABUSE TESTING POLICY

Employees may be required to submit to a drug and/or alcohol testing at a laboratory chosen by the company if there is a cause for reasonable suspicion of substance abuse.

Whenever possible, the supervisor should have the employee observed by a second supervisory or manager before requiring testing. Employees who refuse substance testing under these circumstances will be terminated.

Circumstances that could be indicators of a substance-abuse problem and considered reasonable suspicion are:

- Observed alcohol or drug abuse during work hours on company premises.
- Apparent physical state of impairment.
- Incoherent mental state.
- Marked changes in personal behavior that are otherwise unexplainable.
- Deteriorating work performance that is not attributable to other factors.
- Accidents or other actions that provide reasonable cause to believe the employee may be under the influence.

If the tests are positive and if an employee is granted a leave of absence for substance-abuse rehabilitation, he or she will be required to participate in all recommended after-care and work rehabilitation programs. Upon successful completion of all or part of these required programs the employee may be released to resume work but must agree to random substance-abuse testing and close performance monitoring to ensure that he or she remains drug free.

## POLICY STATEMENT

Mowrey Elevator Company, Inc. acknowledges the problem of substance abuse (including alcohol) in our society. Furthermore, we see substance abuse as a serious threat to our (staff and customers). We are addressing this problem by introducing a new substance-abuse policy to ensure the company will have a drug-free workplace.

Drug and alcohol addiction is a complex, yet treatable, disease. For this reason, our substance-abuse program is targeted at alleviating the problem at the community level by involving both our employees and their families. Our commitment to eradicating substance abuse in the community reflects our firm belief that by building this community we build our company.

While Mowrey Elevator Company, Inc. understands that employees and applicant under a physician's care are required to use prescription drugs, abuse of prescribed medications will be dealt with in the same manner as the abuse of illegal substances.

The ultimate goal of this policy is to balance our respect for individual privacy with our need to keep a safe, productive, drug-free environment. Our intention is to prevent and treat substance abuse. We would like to encourage those who use drugs or abuse alcohol to seek help in overcoming their problem. In this way, full-rehabilitated abusers who remain drug free can return to work as employees in good standing.

With these basic objectives in mind, the company has established the following policy with regard to use, possession or sale of alcohol and drugs.

## II DEFINITIONS

- A. Legal Drug – Prescribed drug or over the counter, which has been legally obtained and is being used solely for the purpose for which it was prescribed or manufactured.
- B. Illegal Drug – any drug (a) which is not legally obtainable, (b) which may be legally obtainable but has not been legally obtained or (c) which is being used in a manner or for a purpose other than as prescribed.

## III POLICY AND WORK RULES

The company's policy is to employ a work force free from use of illegal drugs and abuse of alcohol, either on or off the job. Any employee determined to be in violation of this policy is subject to disciplinary action, which may include termination, even for the first offense. It is standard of conduct of employees of the company that employees shall not use illegal drugs or abuse alcohol. In order to maintain this standard, the company shall establish and maintain the programs and rules set forth below.

A. General Procedures

An employee reporting for work visibly impaired is unable to properly perform required duties and will not be allowed to work.

If possible, the employee's supervisor should first seek another supervisor's opinion to confirm the employee's status. Then the supervisor should consult privately with the employee to determine the cause of the observation, including whether substance abuse has occurred.

If, in the opinion of the supervisor, the employee is considered impaired, the employee should be sent home or to a medical facility by taxi or other safe transportation alternative, depending on the determination of the observed impairment, accompanied by the supervisor or another employee if necessary. An impaired employee will not be allowed to drive.

B. Pre-employment Drug-Abuse Screening

The company will conduct pre-employment screening examinations designed to prevent hiring individuals who use illegal drugs or individuals whose use of legal drugs indicates a potential for impaired or unsafe job performance. (See "Pre-Employment Drug Testing Policy")

C. Current Employee Drug and Alcohol-Abuse Screening

The company will maintain screening practices to identify employees who use illegal drugs or abuse alcohol, either on or off the job. It shall be a condition of continued employment for all employees to submit to a drug screen:

1. When there is a reasonable suspicion to believe that an employee is using or has used illegal drugs or is abusing or has abused alcohol.
2. When the employee is involved in any mishap or accident in which injury to persons or damage to property has occurred and that injured worker refuses to submit to a test for drugs or alcohol, he/she forfeits his/her eligibility for all medical and indemnity benefits which includes Workers Compensation and may be terminated from employment or otherwise disciplined by the employer.
3. Upon return from extended absences. (See "Active Employee Drug and Alcohol Abuse Testing Policy")
4. Routine fitness for duty: An employee must submit to a drug test conducted as part of a routinely scheduled fitness for duty medical examination that is either part of the employer's established policy

or that is scheduled routinely for all members of an employment classification or group.

D. Employee Referral Program

The company maintains an Employee-Referral Program which provides help to employees who suffer from alcohol or drug abuse and their families. However, it is the responsibility of each employee to seek assistance before alcohol and drug problems lead to disciplinary actions. Once a violation of this policy occurs, subsequently using the Program on a voluntary basis will not necessarily lessen disciplinary action and may, in fact, have no bearing on the determination of appropriate disciplinary action.

The employee's decision to seek proper assistance from the program will not be used as the basis for disciplinary action and will not prevent be used against the employee in any disciplinary proceeding. On the other hand, using the program will not prevent disciplinary action when facts showing a violation of this policy are obtained outside of the program. Accordingly the purposes and practices of this policy and the program are not in conflict but are distinctly separate in their applications.

1. Rehabilitation Centers

- a. Biodyne  
8211 W. Broward Blvd.  
Plantation, Florida 33324  
Steve Fogelman  
Telephone # 954-424-3993
- b. Workers Compensation Medical Centers  
501 SE 24<sup>th</sup> Street (State Road 84)  
Fort Lauderdale, Florida 33316  
Sandra Katham  
Telephone # 954-522-6009

2. Treatment Centers

- a. Summerset Treatment Service  
1001 NW 62<sup>nd</sup> Street  
Fort Lauderdale, Florida 33316  
Telephone # 954-491-9360
- b. Coral Ridge Hospital  
4545 N. Federal Highway  
Fort Lauderdale, Florida 33316  
Telephone # 954-771-2711

E. Grounds for Termination or Discipline

1. Illegal Drug Use

An employee bringing onto the company's premises or property; having possession of; being under the influence of; possessing in the employee's body, blood or urine in any detectable amount; or using, consuming, transferring, selling or attempting to sell or transfer any form of illegal drug (as defined in section II – Definitions) while on company business or at any time during the hours between the beginning and ending of the employee's workday, whether on duty or not and whether on company business or on company property or not, is guilty of misconduct is subject to discipline, including discharge or suspension without pay from employment, even for the first offense.

Failure to submit to required medical or physical examinations or tests is misconduct and is grounds for discharge or suspension without pay.

2. Alcohol Abuse

An employee who is under the influence of alcoholic beverages at any time while on company business or at any time during the hours between the beginning and ending of the employee's workday, whether on duty or not and whether on company business or company property or not, shall be guilty of misconduct and is subject to discipline, including discharge or suspension without pay from employment, even for the first offense.

An employee shall be determined to be under the influence of alcohol if:

- a. the employee's normal faculties are impaired due to consumption of alcohol  
or if
- b. the employee has a blood-alcohol level of .05 or higher.

Failure to submit to required medical physical examinations or tests is misconduct and is grounds for discharge from employment or suspension without pay.

3. Test Results

- a. Notice to employee of confirmed positive test result: within five (5) days after receipt of a confirmed positive test result, the employer must advise the employee in writing of the result and must inform the employee of the consequences of the result and the options available. Irrespective of the results, the employer must provide the employee with a copy of the test results on request. The employee has the right to contact the laboratory.
- b. Explanation of employee: within five (5) working days after receipt of notice of a positive confirmed test result the employee may submit information to the employer explaining or contesting the test results and stating why the test results do not constitute a violation of the employer's policy.

F. You are advised of Florida Statutes **440.102** and Florida Statutes **440.102 (3)(b)**

G. The following is the types of substances that will be tested for.

**OVER-THE-COUNTER AND PRESCRIPTION DRUGS WHICH COULD  
ALTER OR AFFECT THE OUTCOME OF A DRUG TEST**

SEE LIST ON FOLLOWING PAGE....

### **ALCOHOL**

All liquid medications containing ethyl alcohol (Ethanol). Please read the label for alcohol content. As an example, Vick's Nyquil is 25% (50 proof) ethyl alcohol, Comtrex is 20% (40 proof), Contact Severe Cold Formula Night Strength is 25% (50 proof) and Listerine is 26.9% (54 proof).

### **AMPHETAMINES**

Obetrol, Biphedamine, Desoxyn, Dexedrine, Didrex

### **CANNABINOIDS**

Marinol (Dronabinol, THC)

### **COCAINE**

Cocaine HCl topical solution (Roxanne)

### **PHENCYCLIDINE**

Not legal by prescription

### **METHAQUALONE**

Not legal by prescription

### **OPIATES**

Paregoric, Parepectolin, Donnagel PF, Morphine, Tylenol with Codeine, Empirin with Codeine, APAP with Codeine, Aspirin with Codeine, Robitussin AC, Guaiatuss AC, Novahistine DH, Novahistine Expectorant, Dilaudid (Hydromorphone), M-S Contin Roxanol (Morphine Sulfate), Percodan, Vicodin, etc...

### **BARBITURATES**

Phenobarbital, Tuinal, Amytal, Nembutal, Seconal, Lotusate, Fiorinal, Fioricet, Esgic, Butisol, Mebarl, Butabarital, Butabital, Phrenilin, Triad, etc...

### **BENSODIAZEPINES**

Ativan, Azene, Clonopin, Dalmane, Diazepam, Librium, Xanax, Serax, Tranxene, Valium, Verstran, Halcion, Paxipam, Restoril, Centrax, etc...

### **METHADONE**

Dolophine, Methadose

### **PROPOXYPHENE**

Darvocet, Darvon N, Dolene, etc...

LIST PRESCRIPTION DRUGS TAKEN WITHIN THE PAST 30 DAYS. THIS IS FOR YOUR USE ONLY AT THIS TIME.

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- H. Employees or job applicants shall report to the employer a list of all prescription or non-prescription drugs that are being used. This will be done in confidentiality.
- I. It is the responsibility of the job applicant or the employee to notify the laboratory of administrative or civil action brought pursuant to Chapter 440, FS
- J. All information will be confidential between employer and employee.

CERTIFICATE OF ACKNOWLEDGMENT

I do hereby certify that I have received and read the Mowrey Elevator Company Drug-Free Workplace Program and Policy regarding alcohol and substance abuse and have had the program explained to me.

I understand that if my performance indicates it is necessary, I will submit to substance-abuse screening. I also understand that failing to comply with a request for random testing or receiving a positive result may lead to termination of employment.

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Name (Please Print)

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Signature

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Date

EMPLOYMENT AGREEMENT  
DRIVER'S CERTIFICATION

I understand that a driver's report will be done for employment purposes only. This will let the Company know if I am eligible to drive a company vehicle only, it does not disqualify me for the job unless I am applying for a position that will require me to drive a company vehicle. By signing this form it is good for the duration of your employment with the company.

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

Driver's Licenses Information:

State \_\_\_\_\_ Driver's License Number \_\_\_\_\_