

GeminiCares, Inc.

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of non-job-related medical condition or handicap, or any other legally protected status. Applicants may request any accommodation needed in order to participate in the application process. We operate under affirmative action plan. If you would like a copy of our Civil Rights/Affirmative Action plan, please request such from the Gemini Main Office.

(Please Print)

Position(s) Applied For	Salary Desired	Date of Application
Last Name	First Name	Middle Name
Address	City	State Zip
Telephone Number(s)	Social Security Number	

Are you currently employed? _____ Yes _____ No
 On what day would you be able to work? _____
 Are you available to work: _____ Full-Time _____ Part-Time
 Are you currently on "lay-off" status and subject to recall? _____ Yes _____ No
 Have you been convicted of a felony within the last 7 years? _____ Yes _____ No
 (Conviction will not necessarily disqualify an applicant from employment)
 If yes, please explain: _____
 Do you have a valid driver license? _____ Yes _____ No
 What is the number: _____

EMPLOYMENT EXPERIENCE: Start with present or most recent employer May we contact your present employer? ____ Yes ____ No

Employer _____	Phone _____
Address _____	Dates Worked _____
Position _____	Supervisor _____
Salary _____	Reason(s) for leaving _____
Employer _____	Phone _____
Address _____	Dates Worked _____
Position _____	Supervisor _____
Salary _____	Reason(s) for leaving _____
Employer _____	Phone _____
Address _____	Dates Worked _____
Position _____	Supervisor _____
Salary _____	Reason(s) for leaving _____

GeminiCares Main Office
 840 Enterprise Dr., Slinger, WI 53086
 1-800-628-2334 • 262-644-7480 • Fax 262-644-7481

EDUCATION

	Elementary School	High School	Undergraduate College/University	Graduate/ Professional
School Name Location				
Years Completed				
Diploma/ Degree				
Describe Course of Study				
Describe any specialized training or apprenticeship skills				

REFERENCES:

Give name, address and telephone number of three references who are not related to you.

1.	_____	_____	_____
	Name	Address	Phone #
2.	_____	_____	_____
	Name	Address	Phone #
3.	_____	_____	_____
	Name	Address	Phone #

PLEASE READ CAREFULLY

1. I certify that the information contained in this application is correct to the best of my knowledge and understand that deliberate falsification of this information is grounds for dismissal.
2. I authorize the references listed to give you any and all information concerning my previous employment and pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.
3. I understand that as part of my application for employment with GeminiCares, I will be subject to drug testing.
4. I acknowledge that management retains the right to terminate my employment at will.

SIGNATURE: _____ DATE: _____

----- FOR OFFICE USE ONLY -----

Interviewed by: _____ Date: _____

Date reporting by: _____ Salary: _____ Position _____



Authorization for Employment Reference Release

All information provided by me in support of my application for employment is true and correct to the best of my knowledge. I understand that misrepresentation or omissions may be cause for rejection or may be cause for subsequent dismissal if I am hired.

I voluntarily and knowingly authorize any former employer, person, firm, corporation, school or government agency, its officers, employees and agents, to release any and all information concerning my former employment to any prospective employer, its officer, employees and agents, or any other person or entity making a written or oral request for such information. I understand that the employment information disclosed may include, but is not necessarily limited to performance evaluations and reports, job descriptions, disciplinary reports, letters of reprimand, and opinions regarding my suitability for employment possessed by my former employer.

I voluntarily and knowingly fully release and discharge, absolve, indemnify and hold harmless such former employer, person, firm, corporation, school or government agency, its officers, employees and agents, from any and all claims, liability, demands, causes of action, damages, or costs (including attorney fees), present or future, whether known or unknown, anticipated or unanticipated, arising from or incident to the disclosure of release of employment information, except for the malicious and willful disclosure of derogatory facts concerning my employment made for the express purposes of preventing me from obtaining employment which the officer, employee or agent disclosing such facts knows are untrue.

Applicant Signature

Applicant printed name (please print legibly)

Date



Criminal Background Record - Release Authorization

I, _____, (print applicant first & last name legibly) authorize GeminiCares, Inc. to obtain and review my criminal record(s) as part of my application for employment.

Birth Date: _____

Please list any other names by which you have been known (including maiden name, if applicable)

Applicant Signature

Date



Driving Record Release Authorization

I, _____, (print applicant first & last name legibly) authorize GeminiCares, Inc. to obtain and review my driving record(s) as part of my application for employment.

Driver License Number

Expiration Date

Applicant Signature

Date

BACKGROUND INFORMATION DISCLOSURE (BID) INSTRUCTIONS

The Background Information Disclosure form (F-82064) gathers information as required by the Wisconsin Caregiver Background Check Law to help employers and governmental regulatory agencies make employment, contract, residency, and regulatory decisions. Complete and return the entire form and attach explanations as specified by employer or governmental regulatory agency.

CAREGIVER BACKGROUND CHECK LAW

In accordance with the provisions of Chapters 48.685 and 50.065, Wis. Stats., for persons who have been convicted of certain acts, crimes, or offenses:

1. The Department of Health Services (DHS) may not license, certify, or register the person or entity (Note: Employers and Care Providers are referred to as "entities");
2. A county agency may not certify a child care or license a foster or treatment foster home;
3. A child placing agency may not license a foster or treatment foster home or contract with an adoptive parent applicant for a child adoption;
4. A school board may not contract with a licensed child care provider; and
5. An entity may not employ, contract with or, permit persons to reside at the entity.

A list of barred crimes and offenses requiring rehabilitation review is available from the regulatory agencies or through the Internet at <http://dhs.wisconsin.gov/caregiver/StatutesINDEX.HTM>.

THE CAREGIVER LAW COVERS THE FOLLOWING EMPLOYERS / CARE PROVIDERS (Referred to as "Entities"):

Programs Regulated under Chapter 48, Wis. Stats.	Treatment Foster Care, Family Child Care Centers, Group Child Care Centers, Residential Care Centers for Children and Youth, Child Placing Agencies, Day Camps for Children, Family Foster Homes for Children, Group Homes for Children, Shelter Care Facilities for Children, and Certified Family Child Care.
Programs Regulated under Chapters 50, 51, and 146, Wis. Stats.	Emergency Mental Health Service Programs, Mental Health Day Treatment Services for Children, Community Mental Health, Developmental Disabilities, AODA Services, Community Support Programs, Community Based Residential Facilities, 3-4 Bed Adult Family Homes, Residential Care Apartment Complexes, Ambulance Service Providers, Hospitals, Rural Medical Centers, Hospices, Nursing Homes, Facilities for the Developmentally Disabled, and Home Health Agencies – including those that provide personal care services.
Others	Child Care Providers contracted through Local School Boards

THE CAREGIVER LAW COVERS THE FOLLOWING PERSONS:

- Anyone employed by or contracting with a covered entity who has access to the clients served, except if the access is infrequent or sporadic and service is not directly related to care of the client.
- Anyone who is a Child Care Provider who contracts with a School Board under Wisconsin Statute 120.13 (14).
- Anyone who lives on the premises of a covered entity and is 10 years old or over, but is not a client ("nonclient resident").
- Anyone who is licensed by DHS.
- Anyone who has a foster home licensed by DHS.
- Anyone certified by DHS.
- Anyone who is a Child Care Provider certified by a county department.
- Anyone registered by DHS.
- Anyone who is a board member or corporate officer who has access to the clients served.

FAIR EMPLOYMENT ACT

Wisconsin's Fair Employment Law, Chapters 111.31 - 111.395, Wis. Stats., prohibits discrimination because of a criminal record or pending charge; however, it is not discrimination to decline to hire or license a person based on the person's arrest or conviction record if the arrest or conviction is substantially related to the circumstances of the particular job or licensed activity.

PERSONALLY IDENTIFIABLE INFORMATION

This information is used to obtain relevant data as required by the provisions set forth by the Wisconsin Caregiver Background Check Law. Providing your social security number is voluntary; however, your social security number is one of the unique identifiers used to prevent incorrect matches. For example, the Department of Justice uses social security numbers, names, gender, race, and date of birth to prevent incorrect matches of persons with criminal convictions. The Department of Health Services' Caregiver Misconduct Registry uses social security numbers as one identifier to prevent incorrect matches of persons with findings of abuse or neglect of a client or misappropriation of a client's property.

BACKGROUND INFORMATION DISCLOSURE (BID)

Completion of this form is required under the provisions of Chapters 48.685 and 50.065, Wis. Stats. Failure to comply may result in a denial or revocation of your license, certification, or registration; or denial or termination of your employment or contract. Refer to the instructions (F-82064A) on page 1 for additional information. Providing your social security number is voluntary; however, your social security number is one of the unique identifiers used to prevent incorrect matches.

PLEASE PRINT YOUR ANSWERS.

Check the box that applies to you.

- Employee / Contractor (including new applicant) Household member / lives on premises - but not a client
- Applicant for a license or certification or registration (including continuation or renewal) Other – Specify:

NOTE: If you are an owner, operator, board member, or non client resident of a Division of Quality Assurance (DQA) regulated facility, complete the BID, F-82064, and the Appendix, F-82069, and submit both forms to the address noted in the Appendix Instructions.

Name – (First and Middle)	Name – (Last)	Position Title (Complete only if you are a prospective employee or contractor, or a current employee or contractor.)		
Any Other Names By Which You Have Been Known (Including Maiden Name)		Birth Date	Gender (M / F)	Race
Address <u>Street, City, State, ZIP Code</u>			Social Security Number(s)	
Business Name and Address - Employer or Care Provider (Entity)				

SECTION A - ACTS, CRIMES, AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION	YES	NO
<p>1. Do you have any criminal charges pending against you or were you ever convicted of any crime anywhere, including in federal, state, local, military and tribal courts?</p> <p>➤ If Yes, list each crime, when it occurred or the date of the conviction, and the city and state where the court is located. You may be asked to supply additional information including a certified copy of the judgement of conviction, a copy of the criminal complaint, or any other relevant court or police documents.</p>		
<p>2. Were you ever found to be (adjudicated) delinquent by a court of law on or after your 10th birthday for a crime or offense? (NOTE: A response to this question is only required for group and family day care centers for children and day camps for children.)</p> <p>➤ If Yes, list each crime, when and where it happened, and the location of the court (city and state). You may be asked to supply additional information including a certified copy of the delinquency petition, the delinquency adjudication, or any other relevant court or police documents.</p>		
<p>3. Has any government or regulatory agency (other than the police) ever found that you committed child abuse or neglect? A response is required if the box below is checked:</p> <p><input checked="" type="checkbox"/> (Only employers and regulatory agencies entitled to obtain this information per sec. 48.981(7) are authorized to, and should, check this box.)</p> <p>➤ If Yes, explain, including when and where it happened.</p>		
<p>4. Has any government or regulatory agency (other than the police) ever found that you abused or neglected any person or client?</p> <p>➤ If Yes, explain, including when and where it happened.</p>		

(continued on next page)

SECTION A (continued)	YES	NO
5. Has any government or regulatory agency (other than the police) ever found that you misappropriated (improperly took or used) the property of a person or client? ➤ If Yes , explain, including when and where it happened.		
6. Has any government or regulatory agency (other than the police) ever found that you abused an elderly person ? ➤ If Yes , explain, including when and where it happened.		
7. Do you have a government issued credential that is not current or is limited so as to restrict you from providing care to clients? ➤ If Yes , explain, including credential name, limitations or restrictions, and time period.		
SECTION B – OTHER REQUIRED INFORMATION	YES	NO
1. Has any government or regulatory agency ever limited, denied, or revoked your license, certification, or registration to provide care, treatment, or educational services? ➤ If Yes , explain, including when and where it happened.		
2. Has any government or regulatory agency ever denied you permission or restricted your ability to live on the premises of a care providing facility? ➤ If Yes , explain, including when and where it happened and the reason.		
3. Have you been discharged from a branch of the US Armed Forces, including any reserve component? ➤ If yes, indicate the year of discharge: _____ ➤ Attach a copy of your DD214 if you were discharged within the last 3 years.		
4. Have you resided outside of Wisconsin in the last 3 years? ➤ If Yes , list each state and the dates you lived there.		
5. Have you had a caregiver background check done within the last 4 years? ➤ If Yes , list the date of each check, and the name, address, and phone number of the person, facility, or government agency that conducted each check.		
6. Have you ever requested a rehabilitation review with the Wisconsin Department of Health Services, a county department, a private child placing agency, school board, or DHS designated tribe? ➤ If Yes , list the review date and the review result. You may be asked to provide a copy of the review decision.		

A "NO" answer to all questions does not guarantee employment, residency, a contract, or regulatory approval.

I understand, under penalty of law, that the information provided above is truthful and accurate to the best of my knowledge and that knowingly providing false information or omitting information may result in a forfeiture of up to \$1,000.00 and other sanctions as provided in DHS 12.05 (4), Wis. Adm. Code.

SIGNATURE	Date Signed
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DRUG AND ALCOHOL TESTING POLICY

Purpose

GeminiCares, Inc. recognizes that the use and/or abuse of drugs and/or alcohol can have a significant impact on the workplace in terms of safety, worker's compensation claims, sick pay benefits, absenteeism and productivity. GeminiCares, Inc. strives to protect the safety of its employees from those who use or are impaired by drugs and/or alcohol on the job. Moreover, GeminiCares, Inc. is also concerned about the health and well-being of those employees who abuse drugs and/or abuse alcohol. Therefore, it is GeminiCares, Inc.'s policy that employee use, possession or sale of illegal drugs or the misuse of prescribed drugs at any time use or impairment by alcohol on the job is prohibited. GeminiCares, Inc. will subject its employees to drug and/or alcohol testing as set forth in this Policy.

In addition, in accordance with the Federal Drug Free Workplace Act (FDFWA), employees convicted of any criminal drug statute (including misdemeanors for a violation occurring on company property or during working time) must notify the Company within five days of the date of conviction. A conviction includes any finding of guilty (including one agreed to by the employee) or plea of no contest or impositions of a fine, jail sentence, or other penalty.

Types of Testing

1. Pre-employment Testing - Every applicant for employment will be required to undergo and pass a drug test before he/she may commence employment at GeminiCares, Inc. Each job applicant will be advised that a drug test will be required as a part of pre-placement examination and that any job offer is contingent upon, among other things, successful passage of that test.
2. Random Testing - Every employee will have an equal chance of being selected to be drug tested each and every time the selection for random testing is conducted. Such random testing will consist of 5% of all employees and take place once per calendar year. Appropriate safeguards are also present to ensure that the identity of individual employee cannot be determined prior to or at the time of their selection. Whenever an employee is randomly selected to be tested, he/she will be notified of this by phone from their Liaison Supervisor (LS) and instructed to report to their Liaison Supervisors office immediately, or the nearest LS office.
3. Reasonable Suspicion Testing - If, at any time, there is reasonable suspicion that an employee is under the influence of drugs and/or alcohol, the employee will be required to submit to a drug and/or alcohol test. Reasonable suspicion will be determined by two supervisors, if available. However, one supervisor may determine whether there is reasonable suspicion if no other supervisor is available at the time and under the particular circumstances. Reasonable suspicion will be based upon observable actions, alone or in conjunction with other factors including, but not by way of limitation: (1) dangerous or accident-prone conduct; (2) decreased job performance which is unexplained; (3) unexplained increased absenteeism; (4) complaints from co-employees and other problems with interpersonal relations; (5) drug-related signs such as drug paraphernalia; (6) reduced short-term memory; (7) physical symptoms such as bloodshot eyes; (8) dilated pupils, stuffy or runny nose; (9) anxiety; and (10) inability to concentrate.
4. Post-Accident Testing - As soon as practical after an accident, each employee directly involved or whose performance contributed to an accident must submit to a drug and/or alcohol test. An

accident shall be defined as: an OSHA recordable incident and/or acts or omissions resulting in near misses, and accidents involving an injury that requires first aid or immediate off-site medical attention; and/or property damage.

5. Post Treatment Testing - Any employee who is required to submit to drug and/or alcohol counseling or a rehabilitation program by GeminiCares after testing positive may not return to work until he/she signs a last chance agreement, has been evaluated by a professional in substance abuse treatment, has followed the recommendations of the professional in substance abuse treatment, including testing, has been certified by a professional in substance abuse treatment or the Company's medical review officer (MRO) as drug and alcohol free, and has successfully passed a drug and alcohol test. Employees returning to work shall be subject to "follow-up" testing consisting of unannounced testing as the Company may require to ensure that the employee is continuing to refrain from using drugs and/or alcohol in violation of this Policy or as the rehabilitation counselor may direct as part of the employee's treatment for a period of at least 12-months following completion of the program.³

Refusal to Submit to Testing

For purposes of this Policy, "refusing to submit to testing" means any of the following: (1) failing to provide adequate specimen (urine, blood, breath or saliva) for a drug/alcohol test without a valid medical explanation; (2) failing to submit to a test as directed, (3) failing to permit to be escorted to the testing facility; or (4) engaging in any conduct which obstructs the testing process, including but not limited to tampering with, adulterating, or diluting a specimen or refusing to sign the chain of custody form at the collection site. Employees and applicants can refuse to undergo testing. However, any employee who refuses to submit to any drug or alcohol test required under this Policy will be considered in violation of this policy. Refusal to test will be grounds for disciplinary action, which can result in immediate termination. Any applicant who refuses to submit to pre-employment testing will have any job offer rescinded.

Disciplinary Procedures

Any employee who tests positive for the first time as the result of a random, reasonable suspicion, or post-accident drug and/or alcohol test and/or who refuses to submit to testing as defined by this Policy, may on a one time basis, opt for evaluation by a professional in substance abuse treatment and rehabilitation as set forth below.

No employee who tests positive will be allowed to return to work until that individual: (1) has signed the "Rehabilitation Agreement Form" (2) has successfully completed assessment and/or treatment as described below; (3) has been certified by a qualified physician, or a substance abuse professional, as free from the use of drugs and/or alcohol; and (4) has taken a drug and/or alcohol test just before returning to work; has consented to follow-up testing; and has executed a "last-chance" agreement.

Employee Consent to Testing

Each employee/applicant will be required to complete and sign an "Initial Drug Test Consent Form" by which he/she consents to and authorizes testing and disclosure of test results to GeminiCares. If the

employee refuses to complete and sign the consent/authorization form, such refusal will constitute grounds for termination or rescinding of any job offer.

Collection of Specimens

Specimens to be tested will be oral fluids in the case of a drug test and breathe (or blood) in the case of a test for alcohol. GeminiCares, Inc. respects its applicants and employees and therefore subscribes to the collection protocol set forth by the Department of Health and Human Services (hereafter called DHHS) which protects the privacy and confidentiality of the donor.

If the initial drug test is positive the LS will accompany the employee to a designated (contracted clinic) testing site for a second drug test which will consist of a urine test. This protocol allows for the submission of the specimen under closely structured conditions but behind either a closed door or a privacy partition. It must be understood, however, that under circumstances established by DHHS the donor will be asked to provide a fresh specimen in the presence of a witness if the collector has reason to believe: (1) that the specimen is not that of the donor; (2) that the specimen has been adulterated or altered; (3) that the collection is part of a post-treatment monitoring program; or (4) that the donor has been known or suspected of adulterating previous specimen(s). All specimens are collected and processed by social security number and accession number for complete confidentiality.

Custody and Control Form

At the second testing site all specimens will be processed and monitored by one of Gemini's contracted clinics starting with an approved "Custody and Control Form" which is used to track the specimen from point of submission to point of destruction. Employees will be required to sign the chain of custody form. An employee who refuses to sign after being requested to do so Will be considered to have refused to subject to testing, and be subject to discipline up to and including immediate termination.

Positive Test Results and Laboratory Aspects of Testing

In order to assure our applicants and employees the greatest accuracy and confidentiality, all initial drug testing follows Gemini procedure and is to be conducted by a trained LS from GeminiCares or designated individual by Gemini's MRT. The applicants and employees will be tested for the following drugs via oral fluids: Amphetamines, Benzoyllecognine (cocaine metabolite), Opiates, PCP, THC (marijuana metabolites) and methamphetamines. If the initial drug test is positive a confirmation test will be conducted by a certified laboratory contracting with GeminiCares. Gemini reserves the right to perform tests for other illegal substances as well. No specimen will be considered "positive" (positive is defined as the presence of one or more controlled substances at or above levels determined by DHHS and/or DMV (whichever is applicable)) until it has been confirmed at the cut-off levels established by DHHS and/or DMV (whichever is applicable). In the event that no such levels have been established for that drug, GeminiCares, Inc. will rely on the laboratory and its consultants to establish a "forensically accepted level."

A test result for alcohol which reveals a blood/alcohol content of .04 or greater is a positive test result under this Policy. All breath alcohol test results will be confirmed by the Breath Alcohol Technician (BAT)

Reporting Results

All positive drug test results will be first reported to Gemini's Medical Review Team (MRT). If the specimen is positive, the Liaison Supervisor will accompany the employee to the second testing site for a urine test. Secondary testing will be conducted by a contracted clinic and laboratory. If the second test is positive the Medical Review Officer (MRO) at the laboratory will attempt to contact the employee at the daytime number provided at the time of urine specimen submission for the purpose of discussing the test results. Should the MRO fail to make contact on that attempt, he/she may contact GeminiCares, Inc. to ask for assistance in reaching the employee. If the MRO does not make contact within an additional maximum of two days or if the result appears to create immediate safety concerns, the MRO may disclose the results to GeminiCares, Inc. prior to speaking with that employee.

GeminiCares, Inc. reserves the right to immediately remove the employee from active duty until such time as the MRO is able to make contact and provide a final result. If, when the MRO reaches the employee, the employee is able to provide substantiation of legitimate use, the positive result will be reported to GeminiCares, Inc. as "negative" (negative is defined as the absence of a controlled substance at or above the levels of detection determined by DHHS). If no legitimate reason for the positive is found, that positive result will be provided to GeminiCares, Inc.

Prescription Medications

Nothing in this policy prohibits the appropriate use of prescription medication legally prescribed by a licensed physician. However, it is the employee's duty to discuss with his/her physician any effects which that medication may have on ability to safely perform his/her job functions and to inform GeminiCares's Medical Review Team of any possible adverse effects. Failure to do so may result in discipline up to and including discharge.

GeminiCares may, by means of contacting the physician or medical practitioner or by whatever means it deems advisable, investigate whether it is necessary to impose any restriction on employment as a result of an employee's use of prescription or over the counter medication. If it so determines, the Company may temporarily remove an employee from his/her position if the legally prescribed or over-the-counter medication may affect or interfere with the safety and effectiveness of job performance.

Employee Assistance and Rehabilitation

GeminiCares, Inc. may provide training for employees and supervisory personnel consisting of at least the following elements: (1) the effects and consequences of controlled substance use on personal health, safety and the work environment; (2) the manifestation and behavioral changes that may indicate controlled substance use or abuse; and (3) documentation of training given to employees and GeminiCares, Inc. supervisory personnel.

GeminiCares, Inc. has a primary interest in the safety, health and well-being of its employees, as well as the public, and supports those who make a commitment to resolving their substance abuse problems. An employee who comes forward with a drug and/or alcohol problem before violating this policy will be given a chance to seek treatment in accordance with the "Voluntary Rehabilitation Agreement" which includes similar requirements to those discussed below. In the event of a positive test or a refusal to submit to testing, GeminiCares, Inc. will provide a list, upon request, of acceptable resources available to the employee for assessment and/or treatment. Although such assessment and/or treatment are conducted at the sole expense of the employee or his/her insurance carrier, GeminiCares, Inc. requires that certified

professionals actively involved in the substance abuse field be utilized. Prior to entering rehabilitation, the employee will be required to sign a form consenting to the release by the treatment center of information regarding employee's ability to return to work. Failure to sign this consent form will result in GeminiCares, Inc.'s inability to assess the employee's rehabilitation and the employee will remain unqualified until a professional in substance abuse treatment certifies the employee's rehabilitation. Should the resource selected by the employee not meet these criteria, GeminiCares, Inc. may request a second evaluation by an acceptable treatment professional at GeminiCares, Inc.'s expense. This evaluation will be conclusive evidence of the employee's rehabilitation or failure to rehabilitate. If rehabilitation will require time away from the job, that time will be unpaid other than as has accrued for vacation, sick leave or other earned time. The employee may be permitted to return to work if/when he /she is able to demonstrate the successful completion of such assessment and/or any recommended treatment.

An employee who is allowed and selects rehabilitation will comply with all requirements of that program to completion. Failure to do so or failure to make every effort at rehabilitation will constitute grounds for termination. Upon return, GeminiCares, Inc. will maintain contact with the treatment professional to assure the ongoing compliance with recommended treatment. Further, as a condition of return, the employee will be required to submit, on demand, urine specimens for analysis for a period of up to sixty months. The number and frequency of such specimens is determined by GeminiCares, Inc. at its sole discretion. A positive test during or following the monitoring period will result in immediate termination without further consideration of future employment. GeminiCares, Inc. may, at its sole discretion, elect to offer special consideration to any individual who comes forth voluntarily as opposed to those who are detected through the regular testing process. Rehabilitation after a positive test, if permitted at all, will be permitted only one time.

Confidentiality

Results of all drug/alcohol tests will be kept separate from personnel files and treated as confidential information and access to such results shall be limited. Results will not be communicated to others outside of the employee's direct supervisory chain except when necessary in connection with any rehabilitation or use of the employee assistance program in relation to the drug/alcohol test. However, GeminiCares, Inc. may disclose results of all drug/alcohol tests to decision makers in a lawsuit, grievance, or other proceeding, including worker's compensation or unemployment compensation hearing, initiated by or on behalf of the employee.

Conclusion

GeminiCares, Inc. is committed to the health, productivity and stability of the company, its employees and the safety of the general public. It is with a sense of sincere concern that this program is implemented. GeminiCares, Inc. is firmly committed to the fair and equal treatment of all employees under this policy and expects that all employees will participate fully, willingly and with the knowledge that a safe, healthful and productive work environment is to the benefit of all.

Please sign and return the next page “Acknowledgment and Consent to Testing”

Acknowledgment and Consent to Testing

I, _____, have received, read, understand and agree to this policy in its entirety. If I have any questions, or have not understood any part, I have asked for and received explanations which are satisfactory. I have been advised that future questions may be directed to my Liaison Supervisor or Amy Weiss, DCM at GeminiCares, Inc. I agree to fully comply with and participate in the program as set forth herein. I hereby authorize GeminiCares, Inc. to conduct any and all drug and alcohol tests as required and under the terms and conditions of the Company Drug and Alcohol Testing policy, whose terms and conditions I have read and understand and hereby also consent to abide by. In furtherance of this, I hereby authorize Gemini’s Liaison Supervisors and contracted medical and health care facility or collection site and laboratory, its physicians, nurses and technicians, to collect specimens of my urine, blood, breath and/or saliva for the purpose of determining the presence, content and/or quantity of a controlled substance and alcohol in my body.

In executing this Acknowledgment, Consent and Release, I understand and agree that my test results must be disclosed to Gemini’s Medical Review Team, the contracted clinic’s Medical Review Officer, and I hereby release the medical or health care facility or collection site and laboratory and any of its employees or agents properly involved in my tests, Gemini’s Medical Review Team, and GeminiCares, Inc. from any and all claims or causes of actions which may result from the disclosure of those test results.

I further understand that the specifics as to regulatory requirements, drugs to be screened for and general procedures are subject to change without notice in order to maintain compliance with all government, Company and industry standards.

Employee/Applicant

Printed Name _____

Signature _____ Date _____

The employee should retain the first five pages, sign and return the acknowledgement page to your Liaison Supervisor or main office.