

## Personal Data Form

Name:		Date:
Address:		
City, State/Zip	Home#:	
Work Location	Supervisor:	

### Primary Emergency Contact

Name:		Relationship:
Address:		
City, State/Zip	Home#:	

### Second Emergency Contact:

Name:		Relationship:
Address:		
City, State/Zip	Home#:	

I hereby certify that the above information is correct. I understand that it is my responsibility to contact the Human Resources if any of the above information changes.

Signature: \_\_\_\_\_

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



## DRUG FREE WORKPLACE ACKNOWLEDGEMENT FORM

As an employee, intern, independent contractor, or student/volunteer of the DeKalb Community Service Board, I hereby acknowledge that I have been notified of the federal Drug Free Workplace Act and this agency's policy mandating a drug free workplace. I understand that all employees, interns, independent contractors, or student/volunteers are prohibited from engaging in the unlawful manufacture, distribution, dispensation, possession or use of alcohol or illegal drugs while on duty or on any premises owned, leased or occupied by the DeKalb Community Service Board.

I understand that if my position as an applicant, intern, independent contractor, student or volunteer requires that I submit to this drug screening process and I refuse to submit to this drug screen or test positive for illegal drugs, I will be disqualified from working with or for any state agency for a period of two years.

All employees, interns, independent contractors, students or volunteers of the DeKalb Community Service Board may be subject to drug/alcohol screening on a reasonable suspicion basis. The director or authorized representative may require an individual to submit to screening for the presence of illegal drugs or alcohol if he/she has reasonable suspicion that the individual has used or is under the influence of such substances while on duty. In addition, employees or other individuals who have consumer care responsibilities may be subject to random drug screening due to the nature of the duties performed.

As an employee of the DeKalb CSB, I acknowledge that failure to submit to such testing or a positive drug test will result in dismissal from employment and will disqualify me from further employment with the DeKalb CSB for a minimum of two years.

I understand that I must notify my supervisor of any criminal conviction related to alcohol or illegal drug use or possession no later than five (5) calendar days after such conviction. I further understand that federal law may mandate that the DeKalb Community Service Board communicate conviction information to a federal agency and I hereby waive any and all claims that might arise from this action.

I further understand that failure to comply with the terms of this policy may result in disciplinary action being taken against me, up to and including dismissal from and/or termination of my association with the DeKalb Community Service Board.

I have read the above notice or acknowledge that it has been read to me. My signature below acknowledges only that the information in this notice has been presented to me and does not indicate that I agree or disagree with the contents of the notice.

Signature: \_\_\_\_\_

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

Name (Print) \_\_\_\_\_

Status (please circle): Employee Intern Independent contractor Student Volunteer

**DeKalb Community Service Board  
Terms and Conditions of Employment**

I, \_\_\_\_\_, as an employee of the DeKalb Community Service Board (CSB) agree to follow the policies and procedures of the DeKalb CSB as well as applicable local, state, and federal laws. I understand that I must become familiar with and comply with the rules, regulations, and policies of the DeKalb CSB including those in the DeKalb CSB Ethics and Compliance plan. I understand that all policies are available on the Local Area Network (LAN). I also understand that as an employee, I have a duty to report any instances where I am aware of activities by my peers, supervisors, or supervisees that I suspect or believe may not be compliant with the laws and regulations that govern work. I can report these activities to my direct supervisor, use the DeKalb CSB hotline, or call the DeKalb CSB compliance officer directly. I further understand that violation of, or failure to comply with DeKalb CSB rules, regulations, or policies and/or failure to report non-compliant activity that I am aware of, may subject me to disciplinary action up to and including dismissal. As a DeKalb CSB employee I:

1. Agree to provide services that are of the highest quality and to use the DeKalb CSB Code of Ethics and Standards of Conduct to govern my decision-making and as well as my working relationships with consumers and fellow employees.
2. Understand that I am obligated to be familiar with and maintain the rights of consumers, reporting any violation or suspected violation of a consumer's rights directly and immediately to a person in authority. I further understand that neglect or abuse of consumers, including but not limited to verbal abuse, assault or battery, failure to provide treatment or care, or sexual harassment, is prohibited and will result in immediate termination. (240-2).
3. Understand I am expected to have a duty of loyalty to the DeKalb CSB and may not publicly criticize or otherwise compromise the agency while employed. I further understand that conduct considered disloyal, disruptive, or overall damaging to the work environment shall result in disciplinary action up to and including dismissal (Policy 110-15). *NOTE: This excludes the reporting of suspicion of wrongdoing as required by policy 110-24, Duty to Report Violations of Law, Regulations and Standards of Conduct or the reporting of safety and quality concerns to JCAHO or CARF.*
4. If my position requires consumer contact, I shall complete required Orientation and Basic Skills Training before starting job duties.
5. Agree to keep my professional license current, if applicable. (Policy 110-25)
6. If applicable, I will complete Aggressive Behavior Management I, Defensive Driving, CPR, and First Aid and I will submit a current Motor Vehicle Report before transporting consumers. If my driver's license is revoked or suspended I will notify Human Resources immediately and I will not transport consumers. (Policy 130-12)
7. Agree not to conduct private practice or personal business activities within any facilities of the DeKalb CSB or during my work hours. I will not refer consumers to my private practice or to that of friends, relatives or acquaintances nor will I provide professional services to DeKalb CSB consumers within 6 months of termination of my employment. (Policy 110-23).
8. Understand that if I provide 24-hour/7 day a week services, I may not leave my work site until my replacement staff arrives. During severe weather conditions, I will report to work as scheduled. (Policy 110-13)
9. Will not use confidential information for personal or financial gain or to benefit any other person. (Policy 110-15 and 220-1)
10. Shall not abuse or misuse State, County or DeKalb CSB property. (Policy 110-15)
11. Agree not to carry any weapons while at work or while on DeKalb CSB premises. (Policy 110-15 )
12. Shall not possess or use alcohol or illegal drugs at work or while on duty for the DeKalb CSB. I agree not to report to work while under the influence of alcohol or illegal drugs. I also understand that the improper use of prescription drugs at work is not allowed. (Policy 110-15)
13. Refuse to accept gifts, personal favors, or benefits under circumstances, which might be perceived by reasonable persons as influencing my official duties or interpreted as a conflict of interest.
14. May not date, have sexual intimacy or close personal relationships of any kind with any consumer in any DeKalb CSB treatment program. (Policy 110-15)
15. Agree to wear the agency picture identification badge at all times while at work.
16. Understand that I must request approval for any other employment and I will update this information at the time of any change and annually. (Policy 110-10)
17. Agree to dress appropriately for my assigned duties. (Policy 110-21)
18. Understand that for personal automobile mileage reimbursement, I must document my actual odometer reading each time I leave a point of origin or arrive at my destination. I understand mileage reimbursement must be turned in to the approving authority by the 15<sup>th</sup> of the month for mileage incurred during the previous month. For other expenses, I will reference policy # 160-2.
19. Understand that all employees of the DeKalb CSB are subject to change of work schedule and/or location as determined to be in the best interest of the agency.
20. Acknowledge my responsibility to read all agency communications, including e-mails, pertaining to my individual employment (benefits, job duties, programmatic issues, etc.) as well as general agency news and announcements.
21. Shall report any change of name, address or telephone number to Human Resources (HR). I can get forms for this purpose from HR.
22. Understand that the DeKalb CSB has a clearance procedure which requires me to return all agency issued material including my ID badge, keys, equipment, supplies, etc. prior to receiving my last paycheck.

By signing below, I acknowledge that I have read, understand, and received a copy of these terms and conditions. I also understand that if I have any questions or am not clear on any policy, it is my responsibility to contact my supervisor or HR for clarification.

Employee Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_ Staff ID# \_\_\_\_\_

Distribution: Original: Personnel File  
Copies to: Employee and Supervisor



## Investigation Acknowledgement Attestation

As an applicant/intern/volunteer/licensed contracted for employment who provides clinical services and who is interested in doing business with the DeKalb Community Service Board (CSB), I understand that the DeKalb CSB will conduct appropriate screening to ensure that I have not been sanctioned by a federal or state law enforcement, regulatory, or licensing agency or that there is full disclosure of relevant information.

**Have you ever been convicted of any criminal violation of laws, or are you now under pending investigation or charges of violation of criminal law?**

NO  YES - If yes, state the charges and explain.

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**Have you been the subject of any adverse action(s) by any duly authorized sanctioning or disciplinary agency for either conduct based, or performance-based actions relating to any federal, state, or private health insurance or benefit program?**

NO  YES - If yes, state the agency and explain.

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I understand that falsification of information or failure to disclose information may result in termination of all agreements with the DeKalb Community Service Board.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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### For Agency Use Only

[ ] Copy of the results of checking the OIG-Excluded Parties Web Site Check Printed and Attached (<http://exclusions.oig.hhs.gov.information.html>)

[ ] Copy of GSA - List of Parties Excluded from Federal Procurement and Non-procurement Programs Web Site Check Printed and Attached (<http://epls.arnet.gov>)

**NOTE:** ANY Adverse Results are to be reviewed with deputy director or director



## EMPLOYMENT OF RELATIVES

Please check the appropriate statement.

- To the best of my knowledge, I do not have any family members that are currently employed by the DeKalb Community Service Board.
- I acknowledge the following list of family members as being currently employed by the DeKalb Community Service Board.

### List of relatives employed by the DeKalb CSB

Name / Relationship

_____	/	_____
_____	/	_____
_____	/	_____
_____	/	_____

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**SSN:**

\_\_\_\_\_  
**Signature**

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

\_\_\_\_\_  
**Witness**