

AKWESASNE HOUSING AUTHORITY APPLICATION FOR EMPLOYMENT

378 State Route 37, Suite A, PO Box 540
Hogansburg, New York 13655



Phone: (518) 358-9020
Fax: (518) 358-2958

PLEASE PRINT

Those applicants accommodations requiring reasonable accommodations to the application and/or interview process should notify the Human Resources Manager.

Position(s) applied for: _____ Date of Application: _____

Referral Source: Advertisement Employee Relative
 Walk-in Other Employment Agency
Name of Source (if applicable) _____

Name: _____ Phone #: _____
Last First Middle

Address: _____ E-Mail Address: _____
Street City State Zip

Social Security #: _____ Date of Birth: _____

Mobile/Beeper/Other Phone #: _____ If necessary, best time to call you: _____

May we contact you at work: Yes No If Yes, Work number and best time to call: _____

If you are under 18 and it is required, can you furnish a work permit? Yes No

If no, please explain: _____

Have you ever been employed here before? Yes No If yes, give dates: From: ____/____/____ To: ____/____/____

If yes, give dates: From: ____/____/____ To: ____/____/____

Are you legally eligible for employment in this country? Yes No

Date available for work: ____/____/____ What is your desired salary range: \$ _____

Type of employment desired: Full-Time Part-Time Temporary
 Seasonal Educational Co-Op

Will you relocate if job requires it? Yes No Will you travel if job requires it? Yes No

Are you able to meet the attendance requirements of the position? Yes No

Will you work overtime if required: Yes No

If no, please explain: _____

Have you ever been bonded? Yes No

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? Yes No

If yes, please provide date(s) and details: _____

ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.

Driver's license number if driving is an essential job function: _____ State: _____

Employment History

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

EMPLOYER:	TELEPHONE# ()	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS:				
STARTING JOB TITLE/FINAL JOB TITLE:		HOURLY RATE/SALARY		
		STARTING		
IMMEDIATE SUPERVISOR AND TITLE:		\$	PER	
REASON FOR LEAVING:		HOURLY RATE/SALARY		
		FINAL		
MAY WE CONTACT FOR REFERENCE? YES NO LATER		\$	PER	

EMPLOYER:	TELEPHONE# ()	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS:				
STARTING JOB TITLE/FINAL JOB TITLE:		HOURLY RATE/SALARY		
		STARTING		
IMMEDIATE SUPERVISOR AND TITLE:		\$	PER	
REASON FOR LEAVING:		HOURLY RATE/SALARY		
		FINAL		
MAY WE CONTACT FOR REFERENCE? YES NO LATER		\$	PER	

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		FINAL		
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		STARTING		
IMMEDIATE SUPERVISOR AND TITLE:		\$	PER	
REASON FOR LEAVING:		HOURLY RATE/SALARY		
		FINAL		
MAY WE CONTACT FOR REFERENCE? YES NO LATER		\$	PER	

Comments: INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

Educational Background (if job related)

A. List last three (3) schools attended, starting with most recent. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Grade Point Average or Class Rank. E. Major field of study. F. Minor Field of study (if applicable).

A. School	B. Number of Years Completed	C. Degree Diploma	D. GPA Class Rank	E. Major	F. Minor

References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are not related to you.

NAME	TELEPHONE	NUMBER OF YEARS KNOWN

Additional Information

List professional, trade business or civic associations and any offices held.
EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN/RESERVE NATIONAL GUARD OR ANY OTHER SIMILARLY PROTECTED STATUS.

ORGANIZATION	OFFICE HELD

List any additional information you would like us to consider.

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date _____



**AKWESASNE HOUSING AUTHORITY
ACKNOWLEDGMENT OF DRUG TESTING PROGRAM**

1. My signature or witnessed refusal to sign this document indicates that I have seen and understand the Drug Testing Policy and Procedures of the Akwesasne Housing Authority (AHA).
2. If there are any parts of this policy and/or program that I do not understand, I may have it explained to me by the Human Resources Manager, Health Department or any other individual that can properly explain the policy to the correct understanding.
3. If I cannot read well enough to understand the policy I may request that the appropriate management from the Human Resources Department explain the policy to the correct understanding.
4. Even if I do not agree with this policy I am still bound to follow it as part of my conditions of employment. This policy is part of the Personnel Policies and Procedures of the AHA and must be followed by all employees.

Employee or Applicant Name (Print): _____

Signature of Employee or Applicant: _____

(This section must be completed)

_____ (Check) As the person issuing the drug policy to an employee or applicant I acknowledge that I asked the employee or applicant if they read or speak and understand English well enough to understand this policy. If they do not read or speak and understand English well enough to understand this policy I have referred this individual to the Human Resources Department for assistance.

Signature of witness: _____

Name and Position of witness (Print): _____

Date



**AKWESASNE HOUSING AUTHORITY
DRUG & ALCOHOL AWARENESS PROGRAM**

I. STATEMENT OF PURPOSE

The Akwesasne Housing Authority (AHA) seeks to provide a safe, drug free work environment for all of its employees. The purpose of this policy is to act as a deterrent to the illegal use of drugs by employees of AHA. The following program will be strictly followed for purposes of obtaining and maintaining a drug and alcohol free workplace.

The following represent the Akwesasne Housing Authority's policy concerning substance abuse. The purposes of this program are:

1. To establish and maintain a safe, healthy working environment for all employees.
2. To ensure the reputation of the AHA and its employees within the community at large.
3. To reduce the number of accidental injuries to people or property.
4. To reduce absenteeism and tardiness and to improve productivity.
5. To encourage and support rehabilitation assistance for any employee who seeks such help.
6. To deter the use of illegal drugs.

II. RULES AND PENALTIES

Accordingly, these rules are effective immediately and will be enforced uniformly with respect to all employees, as indicated.

1. All employees are prohibited from being under the influence of alcohol or illegal drugs during working hours.

1st offense - See testing policy 1st offense consequences

2nd offense - See testing policy 2nd offense consequences

2. The use, sale, possession, transfer, or purchase of an illegal drug or controlled substance on the work site or while performing AHA business is strictly prohibited. Such action will be reported to appropriate law enforcement authorities.

1st offense - Termination

3. No alcoholic beverage will be brought or consumed on premises

1st offense - 30 day suspension (without pay)

2nd offense - Termination

4. Prescription drugs will be used only in the manner, combination, and quantity prescribed, and only by the one for whom it is prescribed.

1st offense - See testing policy 1st offense consequences
2nd offense - See testing policy 2nd offense consequences

5. Off-duty abuse of alcohol, illegal or prescription drugs that result in excessive absenteeism or tardiness or are the cause of accidents or poor work will not be tolerated by any employee.

1st offense - Referred to a Drug and Alcohol Treatment Program for an assessment/rehabilitation and will be terminated if he or she rejects the program.
2nd offense - 30 day suspension and referred to a Drug and Alcohol Treatment Program for an assessment/rehabilitation and will face termination if he or she rejects the program.

6. Off-duty sale, distribution, or possession with intention to distribute illegal drugs or manufacture of illicit drugs resulting in a criminal conviction is prohibited.

1st offense - Misdemeanor: 30 day suspension; Felony: termination
2nd offense - Termination

DEFINITION:

- A. For purposes of these rules, an “alcoholic beverage” is one that may be legally sold and consumed and has an alcoholic content in excess of 3 per cent by volume.
- B. “Drug” means any substance other than alcohol capable of altering an individual’s mood, perception, pain level, or judgment. A prescribed drug is any substance prescribed for individual consumption by a **licensed medical practitioner**. An “illegal drug” is any drug or controlled substance, the sale or consumption, of which is illegal.

An employee released from pay status will have three working days from notification of disciplinary action to enroll in a Drug and Alcohol Treatment Center. Any employee who fails to enroll in a Drug and Alcohol Treatment Program during that period will be terminated.

III. TESTING POLICES: DRUG AND ALCOHOL TESTING PROGRAM

A. TESTING CATEGORIES

1. **Pre-employment testing.** Whether used to deny employment or to direct individuals to treatment, pre-employment drug screening helps identify substance abusers before they cause problems at work. However, applicant testing does not end drug use among current employees, nor can it prevent an individual from developing substance abuse problems after hire. A notice and consent statement will be included in application materials.
2. **Random testing.** Random screening of current employees is used to deter substance abuse after hire, or to monitor the rehabilitation of employees who previously tested positive for drug or alcohol abuse. Unlike pre-employment or annual drug screening, random testing keeps individuals from “faking good” by stopping substance abuse just long enough to produce a clean test.

3. **Post-accident testing.** Post-accident testing requires employees to submit to tests following involvement in a serious accident and/or damage to an AHA and/or tribal property. A serious accident is defined as an incident that causes an injury requiring more than first-aid treatment, and/or damage to an AHA and/or tribal property in excess of \$1,000.00.

4. **Reasonable suspicion testing.** Testing will occur in cases in which management has a reasonable suspicion that an employee may be using drugs. Supervisors will be trained to recognize symptoms of substance abuse. Grounds for reasonable suspicion for drug use by an employee include the following:

- physical symptoms of intoxication, such as slurred speech, glossy eyes, or breath that smells of alcohol;
- observable phenomena, such as direct observation of drug use or possession;
- a pattern of abnormal or erratic behavior;
- arrest or conviction for a drug-related offense, or identification of an employee as the focus of a criminal investigation into illegal drug possession, use, or trafficking;
- evidence that the employee has tampered with a previous drug test; or
- reports from reliable and credible sources

B. RESULTS/ CONSEQUENCES OF POSITIVE DRUG TESTING

PRE-EMPLOYMENT TESTS

An applicant who tests positive for the first time, on a pre-employment drug test, will be ineligible for employment for a period of three months.

An applicant who tests positive, for the second time, on a pre-employment drug test will be ineligible for employment for a period of two years.

RANDOM, POST ACCIDENT, AND REASONABLE SUSPICION TESTING IF THE EMPLOYEE TESTS POSITIVE:

1ST OFFENSE - The employee will be immediately suspended from work without pay. The employee must participate in a Drug and Alcohol Treatment Program for an assessment/rehabilitation and will face termination if he or she rejects the program (Inpatient Rehabilitation: The AHA suggests a 5 week program or longer).

Additionally, if an employee tests positive, or is treated as a positive (see part c), the individual will still be included in the general random sample pool of employees as well as being tested once every three months after his/her return to work. The employee will remain in this category for two years. After two years of negative testing he/she will be placed in the regular random sample only.

RETURN TO WORK: Upon satisfactory completion of the treatment (to be verified through the treatment center) the employee shall return to work only if he/she brings proof to the Human Resources Manager of a negative drug test result.

An exception may be made for outpatient treatment, which shall be as follows: Upon recommendation and approval of the employee's counselor, the said employee may return to work while continuing outpatient treatment only when accompanied by a negative drug test result. As with inpatient treatment, the employee is required to successfully complete the recommended treatment to continue employment with the AHA.

2ND OFFENSE - Immediate termination and the employee will not be eligible for future employment with the AHA for a period of two years.

C. FAILURE TO REPORT FOR DRUG TESTING

Employees who are properly notified to report to drug testing and do not submit to drug testing at the scheduled/requested time will be treated as a *positive drug test* for the purpose of equitable treatment. Reasons for testing shall be reviewed by the Human Resources Manager who shall determine whether the reasons constitute an excusable failure to report. If the failure to report is excused, the test will be re-scheduled as soon as possible.

D. EMPLOYEES WHO REFUSE TESTING

Employees who refuse to submit to drug and alcohol testing will be **immediately terminated**.

E. RIGHT OF EMPLOYEES TO OBTAIN TEST RESULTS

Written results of an employee's drug test may be obtained by that employee upon written request to the Human Resources Manager. Results will remain confidential.

F. CONFIDENTIALITY OF TEST RESULTS

Results of all drug testing will remain strictly confidential. Individual employee files will remain in the Human Resource Department's office under lock and will not leave the AHA premises.

G. RIGHT OF EMPLOYEE TO EXPLAIN A POSITIVE TEST RESULT

An employee who tests positive will be allowed the opportunity, upon written request, to explain the positive result to the Human Resources Manager. In order to protect the rights of both the employee and the AHA, the request must be submitted to the Human Resources Manager no later than 3 business days following notification of the positive test result.

The Human Resources Manager will then meet with the employee within 3 business days of submission of the written request. The Human Resources Manager has the authority to request a retest of the original sample in light of the new information obtained from the employee. The Human Resources Manager and/or the Executive Director then have the authority to amend the determination.

H. TESTING METHOD AND COLLECTION PROCEDURES

SUBSTANCES TESTED:

- ❖ Amphetamines
- ❖ Cannabinoid
- ❖ Cocaine
- ❖ Opiates
- ❖ Phencyclidine

TESTING METHOD

All employees called for drug testing will be required to complete a urine drug screen. Alice Hyde Medical Laboratory will be the facility to conduct said drug screen testing. A registration information form must be submitted from the patient for registration and ordering of the procedures. Upon random selection, this form will be given to each employee through the Human Resources Office. Information to be obtained and forwarded to the admitting office is: Patient Name, Date of Birth, Social Security Number, Picture Identification and Employer. The secretarial staff shall provide the phlebotomist with

the paper work necessary for the urine collection test for the patient.

Alice Hyde Medical Laboratory hours of operation are: **Monday through Friday, from 6:30 a.m. to 5:00 p.m.**

COLLECTION PROCEDURES

Chain-of-custody procedures are followed in the collection of the urine specimen:

- 1) The required information on the custody & control form (CCF) insures that all copies are legible particularly the social security number. The identity of the person being drug tested (employee) is verified by a valid form of identification (i.e. driver's license, employer representative).
- 2) The collection procedure is explained to the person.
- 3) The person is asked to remove any extraneous clothing and leave any personal items with the collector (with the exception of his/her wallet).
- 4) The person, upon request, displays all items in his/her pockets for inspection and instructed not to list medications on the CCF, except on the back of the donor copy.
- 5) The collector allows the person the option of choosing a collection container.
- 6) The person is asked to wash his/her hands.
- 7) The collector unwraps the collection container in the person's presence. The person is given the container and asked to give at least 45 ml of specimen.
- 8) The person is accompanied to the DOT urine collection bathroom.
- 9) Secured collection room:
 - Water source is turned off
 - Toilet water has bluing, both in the bowl and the toilet tank
 - All possible adulterants will be removed (basket, extra paper towels, etc.) or secured (needle holder with tamper proof tape)
 - No foreign or unauthorized substances will be present
 - Any areas or items that could be used to conceal contaminants will be secured
- 10) The person enters into the bathroom with the specimen container only and asked to give at least 45 ml of specimen. The person is told not to flush the toilet.
- 11) Packaging of Specimen:
 - A minimum of 30 ml of specimen is poured into the primary bottle and at least 15 ml into the bottle for the split and are applied with the tamper evident seals from the CCF
 - The seals are dated
 - The person initials the seals
 - The person is instructed to read and sign the certification statement
 - The collector completes the CCF including his/her name and signature in Step 4 and releases to the correct delivery services - Fed Ex picks up daily
 - A Collection Audit Checklist is referred to before placing CCF form in plastic bag
 - The collector places the specimen bottles and copy 1 of the CCF in the plastic bag and seals the bag
 - The collector provides the person with his/her copy
- 12) The packaged specimen is ready for transport according to the requirements of the reference lab.
- 13) The patient information is logged in the DOT logbook.
- 14) The Human Resources Manager will receive the results within 4-5 days.

Note: If there is a break in the normal procedure, it may be necessary to perform a Monitored Collection or Directly Observed Collection. The laboratory will provide the employee with a list of procedures for the specified monitored collection.

RANDOM DRUG TEST PROCEDURE

1. SECURITY:

- a) "Random Number Generator Pro" will be utilized to choose individuals for random drug testing. This is a computer program which consists of inserting a number from one to the specific number of employees in an organization (lower limit and higher limit). Each employee will be assigned a number. A specified number will be inserted for "random" selection. For example: The number three (3) inserted will randomly select three numbers from the list of employees. Those selected numbered employees are chosen to participate in the drug testing procedure.
 - b) The Human Resources Manager will run the computer program, obtain and print the random selection in the presence of a witness; both the witness and the Human Resources Manager will sign off that the random selection was run.
2. A copy of the list will be given to the Medical Review Officer at the Alice Hyde Medical Hospital (hereafter M.R.O.) for the sole purpose of informing the M.R.O. of those employees who might possibly report for their drug test before all paperwork reaches the Health Facility. In this case, the M.R.O. should initial by that employee's name on the list after the employee's submission to the drug test, sign the employee's copy of the Notice, and keep a copy of the Notice, which will be attached to the original Notice when it arrives at the Health Department with the notation that the employee reported.
 3. The Human Resource Manager (Issuing Agent), or designee, will distribute a Notice of Selection to each employee on the list. The employee's name will be printed on the Notice, and both the employee and the Issuing Agent will sign 2 copies of the Notice.
 - a) Should the employee refuse to sign the Notice, the Issuing Agent and a Witness will sign the Notice, with a note that the employee refused to sign.
 - b) Should the employee be unavailable (for example, on leave), then the Issuing Agent will attempt to deliver the Notice daily until it is so delivered. One copy of the Notice will be kept by the Issuing Agent, and the other will be left with the employee, who will be instructed to bring the Notice when reporting for the drug test.
 4. A copy of each signed Notice will be kept by the Human Resources Department, with the original going to the Health Facility.
 5. If an employee is excused from testing by the M.R.O., the Notice for that employee will be stamped "Excused", and initialed by the M.R.O.
 6. After the employee submits to the drug test, the M.R.O. will sign and time-stamp the original Notice, and the employee's copy, for that employee. If the employee neglected to bring his/her copy of the Notice, one will be provided to him/her. The employee's copy of the Notice will be given to the employee as proof of testing, while the original will be submitted to the Human Resources Department, along with a list of those excused, who did not report.
 7. The Human Resources Manager or designee will compare the signed notices submitted by the Issuing Agents with the one's returned by the Health Department to check that the lists of non-reporting and excused employees submitted by the Health Department is accurate. Discrepancies will be resolved by the Personnel Human Resources Manager, or designee, consulting with the M.R.O. as necessary.
 8. For the employees that reported and submitted to a drug test, copies of the Notice will be attached to each other and filed, and those employees names will be added to a database for all tested employees.

9. For employees that were excused, all copies of the Notice will be attached and filed separately. The names of these employees will be added to a database for inclusion in the next sample.
10. For employees that did not report, and were not excused, all copies of the Notice will be attached and forwarded to the Human Resources Manager for placement of those employees on administrative leave as per the AHA Drug Policy. The names of these employees will be added to a separate “Positive” database.
11. All signature sheets and a copy of each list will be kept in a 3-ring binder. This binder will be kept in a safe, locked storage area.

TRACKING POSITIVE RESULTS

1. Those employees who test positive will have a copy of the official result attached to their appropriate Notice. That Notice will be stamped “Positive,” and initialed by the Human Resources Manager.
2. The employee will be added to a “Positive” database. This database will be maintained by the Human Resources Manager.
3. Supervisors will be notified that the employee is “not eligible for employment at this time” by the AHA.
4. Employees names will remain on the database for 2 years from the date of their approval to return to work.
5. Those employees testing positive on each sample will be checked against the “Positive” database. If their name already exists on the database as having tested positive, then this information, along with all relevant signed Notices (and attachments), will be sent to the Human Resources Manager for sanctions as per the AHA Drug Policy and Procedures.