

## HJCP DRUG-FREE POLICY

**THE HAWAII JOB CHALLENGE PROGRAM (HJCP)** intends to help provide a safe and drug-free school, program, and work environment for our associates. With this goal in mind and because of potential serious drug abuse problem, we are establishing the following policy for existing and future associates of **HJCP**.

**HJCP** explicitly prohibits: The use, possession, solicitation for, or sale of narcotics or other illegal drugs, alcohol, or prescription medication without a prescription in the program or on any program premises or while performing any duties or functions as part of the program.

Being impaired or under the influence of legal or illegal drugs or alcohol away from HJCP or other premises, if such impairment or influence adversely affects the associates' school or work performance, the safety of the associate or of others, or puts at risk the program's reputation.

Possession, use, solicitation for, or sale of legal or illegal drugs or alcohol away from HJCP or other premises, if such activity or involvement adversely affects the associate's performance, the safety of the associate or of others, or puts at risk the program's reputation.

The presence of any detectable amount of prohibited substances in the associates' system while at school, while on the premises of HJCP or other premises is prohibited. "Prohibited substances" include illegal drugs, alcohol, or prescription drugs not taken in accordance with a prescription given to the associate.

HJCP will conduct drug and/or alcohol testing under any of the following circumstances:

**RANDOM TESTING:** Associates may be selected at random for drug and/or alcohol testing at any interval determined by program staff.

**FOR-CAUSE TESTING:** Program staff may ask the associate to submit to a drug and/or alcohol test at any time it feels that the associate may be under the influence of drugs or alcohol, including, but not limited to, the following circumstances: evidence of drugs or alcohol on or about the associates' person or in the associate's vicinity, unusual conduct on the associates' part that suggests impairment or influence of drugs or alcohol, negative performance patterns, or excessive and unexplained absenteeism or tardiness.

**POST-ACCIDENT TESTING:** An associate involved in any accident or injury under circumstances that suggest possible use or influence of drugs or alcohol in the accident or injury event may be asked to submit to a drug and/or alcohol test. "Involved in an accident or injury" means not only the one who was or could have been injured, but also any associate who potentially contributed to the accident or injury event in any way.

If an associate is tested for drugs or alcohol outside of the program context and the results indicate a violation of this policy, or if an associate refuse to submit to testing under this policy, the associate will be subject to immediate termination.

## HJCP DRUG AND/OR ALCOHOL TESTING CONSENT FORM



**HJCP ASSOCIATE AGREEMENT AND CONSENT TO DRUG AND/OR ALCOHOL TESTING**

I hereby agree upon a request made under the drug/alcohol testing policy of HJCP to submit to a drug or alcohol test and to furnish a sample of my urine, breath and/or blood for analysis. I understand and agree that if I at any time refuse to submit to a drug or alcohol test under the program policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination. I further authorize and give full permission to have the HJCP drug/alcohol testing staff send the specimen or specimens collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to HJCP and/or to any governmental entity involved in a legal proceeding or investigation connected with the test. Finally, I authorize HJCP to disclose any documentation relating to such test to any governmental entity involved in a legal proceeding or investigation connected with the test.

I understand that only authorize HJCP staff, employees, and agents will have access to information furnished or obtained in connection with the test; that they will maintain and protect the confidentiality of such information to the greatest extent possible; and that they will share such information only to the extent necessary to make decision and to respond to inquiries or notices from government entities.

I will hold harmless HJCP, its drug/alcohol testing medical staff, and any testing laboratory the program might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including dismissal from the program, loss of employment or any other kind of adverse job action that might arise as a result of the drug or alcohol test, even if a HJCP representative makes an error in the administration or analysis of the test or the reporting of the results. I will further hold harmless HJCP, its drug/alcohol testing staff, and any testing laboratory HJCP might use for any alleged harm to me that might result from the release or use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of this policy and the procedures as explained in the paragraph above.

This policy and authorization have been explained to me in a language I understand, and I have been told that if I have any questions about the test or the policy, they will be answered.

I UNDERSTAND THAT HJCP WILL REQUIRE A DRUG SCREEN AND/OR ALCOHOL TEST UNDER THIS POLICY WHENEVER I AM INVOLVED IN AN ACCIDENT OR INJURY UNDER CIRCUMSTANCES THAT SUGGEST POSSIBLE INVOLVEMENT OR INFLUENCE OF DRUGS OR ALCOHOL IN THE ACCIDENT OR INJURY EVENT, AND I AGREE TO SUBMIT TO ANY SUCH TEST.

“Involved in an accident or injury” means not only the one who was injured, but also anyone who arguably or potentially contributed to the accident or injury event in any way, i.e., the person suspected of causing someone else to get hurt gets tested as well.

_____	_____	_____
Signature of Associate	Date	Guardian/Parent Signature
_____	_____	_____
Associate Name-Printed	Date	Program Staff/Date