



Lifeguard:

When you drop off your packet at Hicks Community Center (3443 S. Mingo), you will be given the paperwork for City Medical (drug test) or you can download the packet from the website (www.tulsaparks.org). Please contact me as soon as possible if you decide not to work for Tulsa Parks. Paperwork and copies need to be neat and legible. Seriously consider signing up for direct deposit with your check.

Forms:

- **Pool Request** (returning staff only)
- **Suit/Shirt**
- **Background Check**
- **Minor** medical release (parent must complete if under 18 years old)
- **Employee Information:** Fill out completely & sign
- **Loyalty Oath:** Sign on the line that says "*Affiant*" and fill in the date
- **W-4 and State Tax:** Fill in either line 5 (0 or 1) or line 7 (Exempt)
- **Form I-9:** Complete *Section 1* and sign
- **Summer Application:** List any work schedule conflicts
- **Drug Testing Policy:** Sign the front sheet & return

Attach:

- 2 copies - **Driver's License & Social Security card** (call for other acceptable documents)
- 1 copy - **Lifeguarding, First Aid and CPR-Pro** certification cards.
- 1 copy - **WSI** card

Employment begins with orientation, but dates for orientation have not been set. You will be contacted with the dates later this spring. You are responsible to be at the correct location at the appropriate time. Bring swim suit, towel and goggles.

In order to receive payment for orientation, you must pass your background check, the water test and the drug test. All paperwork and certificates must be turned in before going to work at your pool site.

Pool assignments will be mailed by the end of April.

Email: aquatics@cityoftulsa.org



Check-Off List for Seasonal Employees

To: Carey Goldman

From:

Date:

Office Use Only

- Employee Information
- Loyalty Oath
- Federal W-4
- State W-4
- Employment Eligibility (Form I-9)
- Summer Application
- Receipt Verification (Drug Testing Policy)
- 2 Copies Identity & Employment Authorization:

List A _____ or List B & C _____

Division/Pool: 0551/ _____ **Employee Name:** _____

Position Title: _____ **Position Number:** _____

Start Date: _____ **Hourly Wage:** \$ _____

Manager/Supervisor: _____

Offer of Employment

Your signature confirms our conditional offer of employment to you as a seasonal employee for Tulsa Parks, subject to the following terms and conditions:

- Satisfactory Background Check
- Evidence of Eligibility to Work in the U.S. (e-verify)
- Satisfactory Post-Offer Employment Drug Test
- Evidence and Confirmation of Credentials

Employee Signature

Date

Summer 2017

Name: _____

Email: _____

This summer I would like to work at...rank from #1 (most) to #4 (least):

_____ Berry...5002 North Wheeling

_____ Lacy...2134 North Madison Place

_____ Reed...4233 South Yukon

_____ Whiteside...4009 South Pittsburg (Jr. Pool)

The position I would like this summer is:

Lifeguard

Pool Manager

I would be interested in taking a WSI class: Yes No

SUIT & T-SHIRT REQUEST

Name _____
(print)

Swim Suit (check box)



- Men's (red trunks):

Med LG XLG 2XLG



- Women's (red one-piece):

SM(32) M(34) LG(36) XLG(38) 2XLG(40)

T-shirt (check box)



- Unisex:

Med LG XLG

AmericanChecked, Inc.
Investigative / Consumer Report Disclosure & Release

In connection with my employment/volunteerism or application for employment (including contract for services and volunteer work), an investigative consumer report and consumer reports, which may contain public record information, may be requested from AMERICANCHECKED, INC. These reports may include the following types of information: drugs/alcohol use, information relating to your character, general reputation, personal characteristics, or any other information about you which may reflect upon your potential for volunteerism gathered from any individual, organization, entity, agency, or other source which may have knowledge concerning any such items of information. Such reports may contain public record information concerning your driving record, criminal records, etc., from federal, state and other agencies which maintain such records.

I authorize AMERICANCHECKED, INC. to prepare a consumer report or investigative consumer report about me for employment/volunteer-related purposes. I have been provided a copy of the summary of the rights of the consumer pursuant to the Fair Credit Reporting Act (FCRA).

I hereby fully release and discharge AMERICANCHECKED, INC., their respective affiliates, subsidiaries, directors, officers, employees, agents and attorneys thereof, and each of them, and any individual, organization, entity, agency, or other source providing information to AMERICANCHECKED, INC. from all claims and damages arising out of or relating to any investigation of my background for employment/ volunteer purposes. This release is valid for all federal, state, county and local agencies and authorities.

AMERICANCHECKED, INC. is authorized to disclose all information obtained to the requesting entity for the purpose of making a determination as to my eligibility for employment/volunteerism, promotion or any other lawful purpose. I agree that such information, and my employment history, may be supplied to AMERICANCHECKED, INC. If hired or contracted, this authorization shall remain on file and shall serve as ongoing authorization for the procurement of consumer reports at any time during my employment/volunteerism or contract period.

By signing below, I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being hired, my employment/volunteerism, or my eligibility for promotion.

Today's Date _____ Signature 

Print your full name _____

For purposes of gathering this information, I agree to supply the following information, which may be required by law enforcement agencies and other entities for positive identification purposes when checking records. It is confidential and will not be used for any other purpose.

Print other last names you have used _____

List States and Counties of Residence for the past: 3 years 5 years 7 years 10 years
(Attach a separate sheet if more space is needed.)

State _____ City/County _____ From _____ to _____

State _____ City/County _____ From _____ to _____

Home Address _____

City _____ State _____ Zip _____

Social Security No. _____ Date of Birth _____

Driver's License No. _____ State Issuing License _____

You have the right to receive, upon your written request within a reasonable period of time, (not to exceed 30 days) a complete and accurate disclosure of the nature and scope of the investigation requested. You have the right to make a request to AMERICANCHECKED, INC., upon proper identification, to request the nature and substance of all information in its files on you at the time of your request, including the sources of information, and the recipients of any reports on you that AMERICANCHECKED, INC. has previously furnished within the two-year period preceding your request. AMERICANCHECKED, INC. may be contacted by mail at 4870 S. Lewis Ave. Ste. 120, Tulsa, Oklahoma, 74105, or by phone at (800) 975-9876.

(Oklahoma, Minnesota, or California residents requesting a copy of their credit report will receive a copy of the report pulled directly from Trans Union LLC)

- Oklahoma Applicants Only: I request a copy of any *credit* report requested on me.
 Minnesota Applicants Only: I request a copy of any consumer report requested on me.

Notice to California Applicants

Under California law, the consumer reports we order on you for employment purposes within the State of California are defined as investigative consumer reports. These reports may contain information on your character, general reputation, personal characteristics and mode of living. Under section 1786.22 of the California Civil Code, you may view the file maintained on you by AMERICANCHECKED, INC. during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at AMERICANCHECKED, INC. in person, by mail, or by telephone. AMERICANCHECKED, INC. may be contacted by mail at 4870 S. Lewis St Ste. 120 Tulsa, Oklahoma, 74105, or by phone at (800) 975-9876. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

- I request to receive a free copy of any investigative consumer report ordered on me by checking this box.
(California applicants only)
Please complete the following:

Name _____

Address _____

City _____ Zip _____

Company Name: _____ **Location No.:** _____

Attached to this disclosure is a written summary of your rights under the Fair Credit Reporting Act (FCRA) as prepared by the Federal Trade Commission.

SEND COMPLETED BACKGROUND SCREENING FORM (Page 1) TO:

Marci Joha, Tulsa Parks
175 E. 2nd Street Suite 570
Tulsa, OK 74103

Fax: 918-699-2808

Please note we do not run credit reports. By law we must include the information on this form.

City of Tulsa
Park and Recreation Department

175 East 2 Street Suite 750
Tulsa OK 74103

This form is to be completed for lifeguards under 18 years of age.

To Whom it May Concern:

I give my permission for medical treatment to be given to my
child _____.

Date of last tetanus shot _____.

My child is allergic to: _____.

parent/guardian

date

EMPLOYEE INFORMATION

TUL 4256 – E

EMP DATE:			CURRENT POSITION NUMBER:		
LAST NAME		FIRST NAME	MIDDLE INITIAL	TELEPHONE NUMBER	
ADDRESS		CITY	STATE	ZIP	SOCIAL SECURITY NUMBER
ETHNIC GROUP: CHECK ONE <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE <input type="checkbox"/> CAUCASIAN <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> ASIAN <input type="checkbox"/> HISPANIC OR LATINO <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER <input type="checkbox"/> TWO OR MORE RACES					DATE OF BIRTH (MM/DD/YY) GENDER FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> MARITAL STATUS SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SERVICE BRANCH: <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINES <input type="checkbox"/> COAST GUARD <input type="checkbox"/> NATIONAL GUARD
VETERANS STATUS: CHECK THE APPROPRIATE BOX <input type="checkbox"/> WWII -12/7/41 TO 12/31/46 <input type="checkbox"/> VIETNAM WAR – 8/5/64 TO 5/7/75 <input type="checkbox"/> KOREAN WAR – 6/27/50 TO 1/31/55 <input type="checkbox"/> OTHER _____ <input type="checkbox"/> NON VETERAN					
IN CASE OF EMERGENCY, NOTIFY: (INCLUDE NAME, ADDRESS, AND PHONE NUMBERS)			<i>PLEASE WRITE CLEARLY!</i>		
NAME		ADDRESS, CITY, STATE		PHONE NUMBER(S)	

DATE:			SIGNATURE OF EMPLOYEE:		

DEPARTMENT (Please type)

AGENCY NO.

(Type Name of Officer or Employee)

LOYALTY OATH

(H.B. 981 - 1968 Okla. Leg.)

I do solemnly swear (or affirm) that I will support the Constitution and the laws of the United States of America and the Constitution and the law of the State of Oklahoma, and that I will faithfully discharge, according to the best of my ability, the duties of my office or employment during such time as I am _____

AN EMPLOYEE OF THE CITY OF TULSA,

(Here put name of office, or, if an employee, insert "An Employee of _____" followed by the complete designation of the employing officer, agency, authority, commission, department or institution.)

Affiant (signature)

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public, or other officer authorized to administer oaths of affirmations

My Commission Expires:

M. SUSAN SAVAGE
Secretary of State



Form W-4 (2017)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you aren't exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: { • You're single and have only one job; or • You're married, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	B _____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child.	G _____
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶	H _____
	For accuracy, complete all worksheets that apply. { • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.	

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
		▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		2017
1	Your first name and middle initial	Last name	2 Your social security number	
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5	Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5		
6	Additional amount, if any, you want withheld from each paycheck	6	\$	
7	I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶			7
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶		
8	Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)	10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over \$313,800 and you're married filing jointly or you're a qualifying widow(er); \$287,650 if you're head of household; \$261,500 if you're single, not head of household and not a qualifying widow(er); or \$156,900 if you're married filing separately. See Pub. 505 for details	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$12,700 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,350 \text{ if head of household} \\ \$6,350 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$ _____
4	Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2017 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____
6	Enter an estimate of your 2017 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter "-0-"	7	\$ _____
8	Divide the amount on line 7 by \$4,050 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note: Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3"	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____
Note: If line 1 is less than line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2017. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2017. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$7,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
7,001 - 14,000	1	8,001 - 16,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 22,000	2	16,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
22,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 70,000	5	405,001 and over	1,600		
44,001 - 55,000	6	70,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 95,000	10	140,001 and over	10				
95,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Employee's State Withholding Allowance Certificate

1 Type or print your first name and middle initial

Last name

Tax Year:

2 Your social security #

Home address (number and street or rural route)

3 Married Single
 Married, but withhold at higher Single rate

City or town, state, and ZIP code

Note: If married, but legally separated, or spouse is a non-resident alien, check the Single box.

5 Total number of allowances you are claiming 5

6 Additional amount, if any, you want deducted from each paycheck 6 \$

7 I claim exemption from withholding, enter the year effective and "EXEMPT" here 7 Year: Yes No

8 Are you a full-time student? (Note: Full-time students are not automatically exempt.) 8 Yes No

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.

Employee's signature

Date

Department Name



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)
Address (Street Number and Name)			Apt. Number	City or Town	State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's E-mail Address		Employee's Telephone Number	
	□□□□ - □□ - □□□□				

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> QR Code - Section 1 Do Not Write In This Space </div>	

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

Preparer and/or Translator Certification (check one):

I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)		
Address (Street Number and Name)		City or Town	State	ZIP Code



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
-------------------------------------	-------------------------	-------------------------	------	--------------------------------

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		<div style="border: 1px solid black; padding: 5px;">Additional Information</div>		<div style="border: 1px solid black; padding: 5px; text-align: center;"> QR Code - Sections 2 & 3 Do Not Write In This Space </div>
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ **(See instructions for exemptions)**

Signature of Employer or Authorized Representative		Today's Date(mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative Goldman		First Name of Employer or Authorized Representative Carey	Employer's Business or Organization Name HR Assistant II	
Employer's Business or Organization Address (Street Number and Name) City of Tulsa, HR, 175 East 2nd Street		City or Town Tulsa	State OK	ZIP Code 74103

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
--	---------------------------	---

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

CITY OF TULSA

AUTOMATIC DEPOSITS AUTHORIZATION

INSTRUCTIONS: You may select up to 4 bank accounts, 2 checking & 2 savings accounts. Amounts can be a percentage of your net pay or a fixed amount. Any questions call Central Payroll x7519. **NOTE: Attach copy of voided check or deposit slip for add or change.**

I hereby authorize THE CITY OF TULSA, OKLAHOMA, herein called CITY to initiate credit entries to my account(s) indicated below with the DEPOSITORY FINANCIAL INSTITUTIONS named below, to credit the same such account. I further understand that, in the event of erroneous payment, the city may cancel such funds prior to 10:00 a.m. on payday.

CHECKING	<input type="checkbox"/> 15 TH CHECK <input type="checkbox"/> END OF MONTH <input type="checkbox"/> BOTH CHECKS	<input type="checkbox"/> NO CHANGE <input type="checkbox"/> INITIAL PARTICIPATION <input type="checkbox"/> STOP PARTICIPATION <input type="checkbox"/> CHANGE INSTITUTION <input type="checkbox"/> CHANGE AMOUNT <input type="checkbox"/> CHANGE ACCOUNT NUMBER		
		BANK NAME		
		<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">BANK TRANSIT ROUTING NUMBER</td> <td style="width: 40%; border: none;">ACCOUNT NUMBER</td> </tr> </table>	BANK TRANSIT ROUTING NUMBER	ACCOUNT NUMBER
	BANK TRANSIT ROUTING NUMBER	ACCOUNT NUMBER		
	AMOUNT TO BE DEPOSITED (PLEASE INDICATE) FULL DEPOSIT <input type="checkbox"/> PARTIAL AMOUNT \$ _____ OR _____ %			
SAVINGS	<input type="checkbox"/> 15 TH CHECK <input type="checkbox"/> END OF MONTH <input type="checkbox"/> BOTH CHECKS	<input type="checkbox"/> NO CHANGE <input type="checkbox"/> INITIAL PARTICIPATION <input type="checkbox"/> STOP PARTICIPATION <input type="checkbox"/> CHANGE INSTITUTION <input type="checkbox"/> CHANGE AMOUNT <input type="checkbox"/> CHANGE ACCOUNT NUMBER		
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	BANK TRANSIT ROUTING NUMBER	ACCOUNT NUMBER		
	AMOUNT TO BE DEPOSITED (PLEASE INDICATE) FULL DEPOSIT <input type="checkbox"/> PARTIAL AMOUNT \$ _____ OR _____ %			
2ND CHECKING	<input type="checkbox"/> 15 TH CHECK <input type="checkbox"/> END OF MONTH <input type="checkbox"/> BOTH CHECKS	<input type="checkbox"/> NO CHANGE <input type="checkbox"/> INITIAL PARTICIPATION <input type="checkbox"/> STOP PARTICIPATION <input type="checkbox"/> CHANGE INSTITUTION <input type="checkbox"/> CHANGE AMOUNT <input type="checkbox"/> CHANGE ACCOUNT NUMBER		
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	BANK TRANSIT ROUTING NUMBER	ACCOUNT NUMBER		
	AMOUNT TO BE DEPOSITED (PLEASE INDICATE) FULL DEPOSIT <input type="checkbox"/> PARTIAL AMOUNT \$ _____ OR _____ %			
2ND SAVINGS	<input type="checkbox"/> 15 TH CHECK <input type="checkbox"/> END OF MONTH <input type="checkbox"/> BOTH CHECKS	<input type="checkbox"/> NO CHANGE <input type="checkbox"/> INITIAL PARTICIPATION <input type="checkbox"/> STOP PARTICIPATION <input type="checkbox"/> CHANGE INSTITUTION <input type="checkbox"/> CHANGE AMOUNT <input type="checkbox"/> CHANGE ACCOUNT NUMBER		
		BANK NAME		
		<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">BANK TRANSIT ROUTING NUMBER</td> <td style="width: 40%; border: none;">ACCOUNT NUMBER</td> </tr> </table>	BANK TRANSIT ROUTING NUMBER	ACCOUNT NUMBER
	BANK TRANSIT ROUTING NUMBER	ACCOUNT NUMBER		
	AMOUNT TO BE DEPOSITED (PLEASE INDICATE) FULL DEPOSIT <input type="checkbox"/> PARTIAL AMOUNT \$ _____ OR _____ %			

This authority is to remain in full force and effect until the City has received written notification from me of its termination in such time and in such manner as to afford the City a reasonable opportunity to act on it. In the event of garnishment or levy of wages this order will be suspended until such garnishment or levy is satisfied or released.

PRINT NAME	DATE
SOCIAL SECURITY NUMBER	SIGNATURE
	DEPARTMENT NUMBER

NOTE: If accepted for employment, applicant will be instructed to complete city personnel forms.

SUMMER EMPLOYMENT APPLICATION

TUL-1629

DATE

NAME(LAST, FIRST, MIDDLE INITIAL)	PHONE NO. - HOME	PHONE NO. - WORK	COLLEGE
-----------------------------------	------------------	------------------	---------

HOME ADDRESS	CITY	STATE	ZIP
--------------	------	-------	-----

COLLEGE ADDRESS	CITY	STATE	ZIP
-----------------	------	-------	-----

SOCIAL SECURITY NUMBER	DO YOU NOW POSSESS A VALID OKLAHOMA DRIVERS LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WILL YOU HAVE RELIABLE TRANSPORTATION? <input type="checkbox"/> YES <input type="checkbox"/> NO
------------------------	--	--

CAN YOU PERFORM THE ESSENTIAL JOB FUNCTIONS OF THE POSITION(S) FOR WHICH YOU ARE APPLYING?
 YES NO

HAVE YOU EVER WORKED FOR THE PARK AND RECREATION DEPT.? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHEN	SUPERVISOR
---	------	------------

HIGH SCHOOL ATTENDED	GRADUATION DATE
----------------------	-----------------

COLLEGE ATTENDED	MAJOR
------------------	-------

COLLEGE ATTENDED	MAJOR	GRAD. DATE	DEGREE
------------------	-------	------------	--------

AVAILABLE TO WORK - FROM (DATES) / /	TO / /	SUMMER SCHOOL <input type="checkbox"/> YES <input type="checkbox"/> NO
---	-----------	---

HIGH SCHOOL ACTIVITIES, ORGANIZATIONS, OFFICES, HONORS, ETC.

COLLEGE ACTIVITIES, ORGANIZATIONS, OFFICES, HONORS, ETC.

RECREATION SKILLS

ARTS & DRAMA

SPORTS

CAMP LEADER EXPERIENCE YES NO OTHER

EXPERIENCE - LIFEGUARDS POOL MANAGER

FIRST AID CERTIFICATION DATE CPR CERTIFICATION DATE LIFEGUARDING CERTIFICATION DATE WSI CERTIFICATION DATE

AVAILABLE FOR TESTING - LAST WEEK OF MAY
 YES NO - Reason:

DESIRED WORK LOCATION GENERAL - MTCE

Recreation Belcher Golf Mohawk Golf

Oxley Nature Center Horticulture/Gardening Zoo

Laborer

COMMENTS

APPLICANT'S SIGNATURE

RECEIPT VERIFICATION
TO BE RETAINED IN PERSONNEL FILE

The undersigned, an applicant for the City of Tulsa, hereby acknowledged that they have received a copy of and have read this copy of the City of Tulsa's Drug Testing Policy. This Policy 109 in the City of Tulsa's Safety Health Manual.

SIGNATURE

DATE

NAME (PRINT)

Parks & Recreation

DEPARTMENT

.1 Drug Policy Defined

- .11 It is the policy of the City of Tulsa that the use of illegal drugs and the abuse of legal drugs in the workplace constitutes a violation of the law and may also represent a threat to personal and public safety and property. Abuse of such substances can grossly diminish the productivity and reliability of employees there by violating the public trust. Such behavior shall not be tolerated and the City of Tulsa will administer a program to educate employees regarding the hazards of substance abuse and to eliminate such abuse.
- .12 The elected officials, management, collective bargaining units and employees of the City of Tulsa have a joint interest in workplace safety, the elimination of substance abuse and the improvement of related job performance safety and efficiency.
- .13 The City's program shall include efforts to rehabilitate employees suffering from substance abuse problems. Employees are strongly encouraged to seek voluntarily, pro-active assistance through the Employee Assistance program if they use illegal drugs or have an alcohol related problem. (See 109.203) However, this policy allows that a department may choose to continue the employment of an individual upon an initial occurrence of a positive drug or alcohol test which was initiated by the City and after review of the employee's total work record. Upon an employee's return to work after such a test result, any further positive drug or alcohol test shall result in the termination of the individual's employment with the City of Tulsa.

.2 Effective Date

This policy will be effective thirty (30) days after official posting and following distribution of the policy to all City employees.

.3 Authority

This policy shall be in accordance with and administered pursuant to OKLA.STAT.tit.40, §551, et. seq.: The Oklahoma Standards for Workplace Drug and Alcohol Testing Act, 49 U.S. C. Sections 2717 and 1434 of the Federal Statutes and the Department of Transportation (D.O.T.) rules and regulations found at 40 CFR Part 121 and 40 CFR Parts 382, 391 and 392 and any amendments thereto. Drug and alcohol testing required by and conducted pursuant to federal law or regulation shall be exempt from the provisions of the Standards for Workplace Drug and Alcohol Testing Act and the rules promulgated pursuant thereto.

.4 Application

- .41 This policy shall apply to all regular full-time, part-time and temporary employees of the City of Tulsa. It shall not apply to independent contractors or employees provided by temporary agencies.
- .42 The provisions of this policy, which apply specifically to employees who are under the Department of Transportation commercial motor vehicle driver regulations, are directed at those employees who are required to hold an Oklahoma Commercial Driver's License type A, B, or C due to the requirements of their position and job duties.

.5 Pre-Placement Testing

All external applicants for City positions within classified regular or classified part-time employment or sworn Fire Department positions shall undergo drug and/or alcohol testing prior to assignment.

- .51 Job applicants shall be tested only after a conditional offer of employment is made.
- .52 Pre-employment dilute negative drug test is considered a negative test and the test will not be repeated.
- .53 If the job applicant is unable to provide the quantity of urine needed for the test, the collector shall instruct the job applicant to drink not more than 40 ounces of fluids and after a period of up to three (3) hours, again attempt to provide a complete sample using a fresh collection container. Refusal to drink fluids is not a refusal to be tested. The original insufficient specimen shall be discarded.
- .54 If the applicant is still unable to provide an adequate specimen, the insufficient specimen shall be discarded, testing discontinued; and the MRO notified. At this time the MRO will perform a medical evaluation to determine if there is a legitimate medical condition that prevents production of a sufficient urine specimen. The MRO must determine if the medical condition is acute or permanent, and if permanent, whether there are clinical signs of illegal drug use. Medical conditions that would prevent the production of a suitable amount of urine must be an ascertainable physiologic condition or a medically documented pre-existing psychological disorder, but will not include unsupported assertions of "situational anxiety" or dehydration.
- .55 If a legitimate acute medical explanation is found by the MRO, the test shall be cancelled. If the job applicant is covered under DOT guidelines, then an alternative drug testing methodology may be used to achieve a negative drug test. If the legitimate medical explanation is a chronic or permanent medical condition, then the MRO must determine if there is clinical evidence that the individual is an illicit drug user. If there is no clinical evidence of drug use, the MRO will report the test as negative in those individuals with chronic medical conditions. If there is no medical evidence of a condition that prevents to production of a suitable amount of urine, then the test will be reported as a refusal to test.

.6 Reasonable Suspicion

Drug or alcohol testing may be conducted on any City of Tulsa employee when there is a reasonable suspicion of substance abuse in the workplace.

- .61 No testing under "Reasonable Suspicion" shall be initiated unless the circumstances are properly reviewed and agreed upon by at least two representatives of City management (which shall be considered to include supervisory level personnel).
- .62 A written record of the observation leading to a drug or alcohol test shall be created and signed by the supervisor(s), who made such observations, within twenty-four (24) hours of the observed behavior.
- .63 The City Medical Section shall be the records and reporting function for all drug or alcohol related information. Supervisors shall report to City Medical any instances of testing which occurs outside of the City Medical facility or City designated test sites; or cases involving an employee's refusal to submit to testing. Supervisors shall also provide the associated written report signed by the supervisor to City Medical in either instance.
- .64 Reasonable Suspicion may be based upon, among other things:

- .641 Observable and articulated phenomena such as physical symptoms or manifestations of being under the influence of drugs or alcohol while at work or on duty (appearance, behavior, speech, body odors, etc.), or the direct observation of such use while at work.
- .642 Reports of drug or alcohol use from reliable and credible sources, which are independently corroborated;
- .643 Evidence that an individual has tampered with a drug or alcohol test during his employment with the current employer.
- .644 Evidence that an employee is involved in the use, possession, sale, solicitation or transfer of drugs while on duty or while on the employer's premises or operating the employer's vehicle, machinery, or equipment.

.7 Post-Accident Testing

- .71 Post-accident drug or alcohol testing may be conducted on City employees only when there has been damage to City property or an actual work related injury to an employee or third party has occurred, and there is reasonable suspicion (as defined in Section 109.6) that the accident, injury or damage was a direct result of the employee's use of drugs or alcohol (except as noted in subsections 109.72 through 109.73).
- .72 Employees subject to D.O.T. commercial motor vehicle driver regulations (see .42) who suffer a vehicle accident during operation of a commercial motor vehicle, shall be tested for alcohol and controlled substances as soon as possible after an accident if:
 - (a) the accident involved the loss of human life; and/or
 - (b) if the driver receives a citation under state or local law arising from the accident.
- .73 If such testing cannot be administered within two hours of an accident as noted in Section .72 (a) or (b) above, the supervisor shall prepare and maintain a written record of the reasons. After eight hours such efforts to administer testing shall cease and the written record shall be forwarded to City Medical and will be made available by City Medical to the Federal Highway Administration (FHWA) upon request.

.8 Random and Scheduled Periodic Testing

Certain classifications of employees, as delineated in Section 109.84 may be required to undergo drug or alcohol tests on a random selection basis or on a scheduled periodic basis.

- .81 "Random selection basis" is defined as a mechanism for selecting employees resulting in an equal probability that any employee from a group will be selected.
- .82 The City may not waive the selection of any employee who has been selected under the above mechanism.
- .83 Scheduled periodic basis shall mean testing conducted as a routine part of a routinely scheduled fitness for duty examination for all members of an employment classification group, approved and required to be tested by the Human Resource Director.
- .84 Random and scheduled periodic testing shall be limited to those employees who:
 - .841 are Police or Peace Officers;

- .842 have drug interdiction responsibilities;
- .843 are authorized to carry firearms;
- .844 are engaged in activities that directly affect the safety of others. These employees shall be defined to include but not be limited to the following classifications or groups of employees: Sworn Police personnel, Sworn Firefighter personnel, heavy equipment operators, employees in classifications requiring a Commercial Driver's License (CDL) type A, B, or C class, employees whose duties may require them to drive on behalf of the City of Tulsa, classifications or employee groups responsible for handling drugs, explosives, or firearms.
- .845 work in direct contact with inmates in the custody of the Department of Corrections;
- .846 work in direct contact with juvenile delinquents or children who are in need of supervision in the custody of the Department of Human Services.
- .85 Upon initiation of this policy those employees subject to drug and alcohol testing as a commercial motor vehicle driver under D.O.T. regulations (see .42) shall be tested at the following minimal test rates per those regulations:
 - (a) the initial minimum yearly percentage rate for random alcohol testing shall be twenty-five percent (25%) of all drivers;
 - (b) the initial minimum yearly percentage rate for random controlled substances testing shall be fifty percent (50%) of the average number of drivers;
 - (c) these yearly percentage standards shall be subject to change by, and shall be based upon, the current D.O.T. regulations.
- .86 Other City employees shall be tested at a frequency rate determined by the City and as determined appropriate in view of program administrative considerations, state law or other legal requirements.
- .87 Every employee who is selected for random drug or alcohol testing shall proceed to the test site immediately upon notification, unless the employee is performing a safety sensitive function at the time of notification which will not reasonably allow his/her replacement. In such cases, the supervisor shall ensure the employee proceeds to the testing site as soon as reasonably possible.

.9 Post-Rehabilitation Testing

- .91 The City may require an employee to undergo drug or alcohol tests without prior notice for a period of two (2) years after the employee's return to work following a confirmed positive test, or following participation in a drug or alcohol dependency program under a City benefit plan or attend at the request of the City of Tulsa.
- .92 Post-rehabilitation testing shall be conducted in addition to any other testing the employee is subject to under this policy.

.10 Substances For Which Tests May Be Given (Includes the related metabolites)

- .101 Ethyl Alcohol or Ethanol (beer, liquor, etc.)
- .102 Cannabinoids or Marijuana (pot, weed, grass)

- .103 Cocaine (including crack)
- .104 Amphetamines (including speed)
- .105 Opiates (including morphine, codeine, dilaudid, percodan)
- .106 Phencyclidine (including angel dust, PCP)
- .107 Threshold reporting levels shall be those established and maintained by the Federal Department of Transportation and as utilized by the National Institute for Drug Abuse (NIDA). Any positive levels below those established reporting levels shall not be reported to the City Medical Review Officer by the testing laboratory.

.11 Drug or Alcohol Testing Methods and Documentation

Collection, storage, transportation, and testing procedures shall be conducted in accordance with rules established by the Oklahoma State Board of Health and applicable Federal Statutes and regulations including the following:

- .111 Testing facilities shall meet the qualifications and standards of and be licensed by the State Department of Health.
- .112 Samples shall be collected only by those persons “deemed qualified” by the State Board of Health and appropriate labeling of samples shall occur so as to reasonably preclude the probability of erroneous identification of test results.
- .113 Body component samples that are appropriate for drug and alcohol testing shall be collected with due regard to the privacy of the individual being tested. In no case shall the City’s representative directly observe collection of a urine sample.
- .114 A written record of the chain of custody of the sample shall be maintained until the sample is no longer required.
- .115 An applicant or employee shall be given the opportunity to provide notification of any information which he/she considers relevant to the test, including currently or recently used drugs or other relevant information.
- .116 Reporting levels utilized for identification of positive substance abuse results shall be those levels established by the Federal Department of Transportation.
- .117 An employee who is found to have a positive drug test may designate an appropriate testing facility to which the split sample shall be sent for repeat testing. Such a testing facility must also meet the standards of this section.

.12 Costs

The City is responsible for all costs associated with drug or alcohol testing.

- .121 If an employee requests a retest of the split specimen to challenge the findings of a confirmed positive test the employee is responsible for the cost of the test. However the City is responsible for arranging the test and, if the retest is positive, will require reimbursement from the employee, but can not make payment a condition of doing the re-test.
- .122 Any test of a current employee must be performed during or immediately after the employee’s scheduled work period and is deemed as compensable work time as applicable under the Fair Labor Standards Act.

.13 Refusal to Undergo Testing; Tampering with Sample

Employees refusing to undergo testing according to the terms of this policy shall be subject to disciplinary action up to and including termination. Employees found supplying or attempting to supply an altered sample or a substitute sample, not their own, by whatever means, shall be subject to disciplinary action up to and including termination.

.14 Medical Review Officer

The City shall employ and/or contract a Medical Review Officer qualified by the State Board of Health.

- .141 The Medical Review Officer shall receive test results from the testing facility and evaluate those results in conjunction with the subject employee and/or applicant.
- .142 Upon receiving a confirmed positive test result the Medical Review Officer shall contact the applicant or employee prior to notification of City officials. The applicant or employee shall be given the opportunity to explain the test results.

.15 Confidentiality

The City shall comply with all provisions of the Workplace Drug and Alcohol Testing Act including confidentiality and shall treat all tests and all information related to such tests, including interviews, memoranda, reports, and statements as confidential.

- .151 All records relating to drug testing shall be kept separate from personnel records.
- .152 Such records may not be used in any criminal proceeding or civil or administrative action except in actions taken by the City or otherwise involving the subject employee and the City, unless there is a valid court order authorizing the release of such records.
- .153 Records shall be the property of the City of Tulsa and will be made available to the affected applicant or employee for inspection and copying upon request.
- .154 Records may not be released to any person other than the applicant or employee without the applicant or employee's expressed written permission, or if otherwise required by law.
- .155 Employees within supervisory or management positions shall be responsible for compliance with this policy. They shall also ensure employees seeking treatment or within rehabilitation processes are treated fairly and appropriately as concerns their job rights and job security. Additionally, supervisors and managers shall ensure that all reasonable efforts are made to allow for confidential handling of diagnosis and treatment of employees with substance abuse problems.

.16 Disciplinary Action

The City of Tulsa recognizes that substance abuse is treatable and that appropriate responses to these problems include education, treatment and rehabilitation. The City shall not take disciplinary action against an employee who tests positive for drugs or alcohol unless the test is confirmed by a second test performed on the same sample using one of the methods prescribed by the Oklahoma Standards for Workplace Drug and Alcohol Testing Act. However, this shall not preclude the use of paid administrative leave in cases involving reasonable suspicion and/or at the discretion of the supervisor.

- .161 Normally, a non-probationary employee with a previously satisfactory work record will be given one (and only one) opportunity to continue employment after an initial occurrence of a positive drug or alcohol test where such testing was required by the City. In such cases no direct disciplinary action shall normally be effected due to the test

results unless the test arose under reasonable suspicion criteria. However, some period of leave without pay may occur prior to the employee being allowed to return to work dependent upon the employee's leave accruals and per .163 below. Such an attempt to allow for rehabilitation of an employee is believed to be an appropriate course of action to meet the City's obligation to both our employees and to the citizens.

- .162 If an employee tests positive for drugs or alcohol, said employee may be suspended, demoted, or terminated following a pre-action or pre-termination hearing. In addition to the alleged offense, the appropriate course of action shall be determined based on the employee's total work record including but not limited to any prior drug or alcohol problems.
- .163 Continued employment, if offered, shall be contingent upon the employee agreeing in writing to undergo random or periodic drug and/or alcohol post-rehabilitation testing for two (2) years and satisfactory participation in the Employment Assistance Program. Employees who have had a positive drug or alcohol test shall not be allowed to return to work until they can provide a verified negative "return to work" drug or alcohol test (as applicable), performed at the City of Tulsa's Medical testing site. (Available vacation, compensatory or sick leave accruals may be utilized by the employees in such situations.)
- .164 Grievances arising from implementation and operation of this drug testing policy will be handled through the City of Tulsa Personnel Policies and Procedures grievance procedure unless superseded by a collective bargaining agreement.

.17 Testing Procedure

When a drug or alcohol test is deemed appropriate under this policy the employee's exempt supervisor shall transport or arrange for the employee to be transported to the Medical Section or the City designated testing facility for testing. If the Medical Section is closed, the employee shall be transported to Hillcrest Medical Center Emergency Department (or other City designated after hours testing facility).

- .171 Employees must present a picture I.D. (Oklahoma Driver's License or City I.D., etc.) or be accompanied by an exempt supervisor who can provide identification witness as the City's representative to the Medical testing personnel representative prior to testing and as required by NIDA procedures.
- .172 The exempt supervisor shall make a reasonable effort to ensure that the employee is safely transported to their place of residence after any drug or alcohol testing is completed under criteria of reasonable suspicion in 109.6.

.18 Policy Posting Procedures

Each department shall post a copy of this policy in a prominent employee access and/or applicant access area. Each employee and each applicant shall be provided a copy of this policy upon receipt of a conditional offer of employment.

.19 Employee Assistance Program (E.A.P.)

- .191 The City of Tulsa shall maintain either an in-house or contractual "Employee Assistance Program." The E.A.P. provided by the City, shall at a minimum, provide drug and alcohol dependency evaluation and referral services for substance abuse counseling, treatment or rehabilitation.
- .192 The City shall establish and utilize an E.A.P. Committee which shall review, on a yearly basis, the existing E.A.P. service provisions, employee usage, statistics, etc., and

recommend to the Mayor noted improvement opportunities or recognized needs for program changes. Each of the collective bargaining units shall be invited to provide a voting representative to said Committee, which shall consist of no more than seven voting members.

- .193 Employees who (1) voluntarily come forward at least twenty-four (24) hours prior to any notification of required drug or alcohol testing, and (2) admit to alcohol or drug problems, and (3) initiate E.A.P. rehabilitation through the City's E.A.P. shall not be considered to have suffered a violation of this policy or be subject to discipline under section 109.16. However, those employees in safety sensitive positions may be assigned to non-safety sensitive positions until a verified negative drug or alcohol test can be obtained from an appropriate testing facility per 109.11. Additionally, the employee may be required to enter into a signed agreement for continued required drug or alcohol testing and E.A.P. compliance as provided under 109.9 and 109.164 if a problem is determined to exist.

.20 Penalties and Remedies

Employees are hereby advised that there are certain criminal sanctions and civil remedies for violation of Oklahoma's Standards for Workplace Drug and Alcohol Testing Act contained in OKLA. STAT. Tit. 40, §551. The City of Tulsa's implementation of drug testing programs shall not diminish the rights of individual employees under state or federal statutes as relate to drug testing.

.21 Prohibitions

- .211 No employee shall report for duty within four hours after using alcohol or remain on duty while having an alcohol concentration of 0.04 or greater, and no supervisor shall permit any employee to perform any work duties if the supervisor is aware the employee has an alcohol concentration of 0.04 or greater. No employee shall be on duty or operate a City vehicle or perform job duties while in possession of alcohol nor use alcohol during such duty time.
- .212 No employee shall report for duty, drive a City owned vehicle, operate heavy equipment or machinery, or remain on duty when the employee uses any controlled substance, except when the use is pursuant to the instructions of a physician and/or when the physician has advised an employee the substance will not adversely affect the employee's ability to drive a vehicle if such duties are required. No supervisor having knowledge that an employee has used a controlled substance shall permit an employee to be on duty or drive/operate any City equipment or vehicle.
- .213 No employee required to take a post accident alcohol test shall use alcohol for eight hours following the accident, or until he/she undergoes a post-accident alcohol test, whichever occurs first.