



District 2 Public Health

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Banks, Dawson, Forsyth, Franklin, Habersham, Hall, Hart, Lumpkin, Rabun, Stephens, Towns, Union and White Counties

MEMORANDUM

TO: John Doe

FROM: Maribel Sewell
Human Resources
District 2 Public Health

RE: Temporary Work Assignment with District 2 Public Health

DATE: February 10, 2017

Welcome to District 2 Public Health. We look forward to having you work with our district and hope your work will be rewarding and challenging.

Your work assignment with District 2 Public Health through Randstad Staffing Personnel Agency is temporary and you may be terminated at any time. If a permanent position becomes available that you are interested in, you must complete a State Application and forward to the Human Resources Office.

Please complete the information below. If you have any questions, please call me at 770-535-5871.

EMPLOYEE RECORD SHEET (TEMPORARY PERSONNEL AGENCY)

NAME:	John Doe
DATE WORK BEGAN:	02-13-2017
JOB TITLE:	Program Assistant
FULL/PART-TIME (# OF HOURS)	Full time/40 Hours
DEPARTMENT/PROGRAM:	Hall County Health Department

EMPLOYEE'S SIGNATURE

DATE

SUPERVISOR'S SIGNATURE

DATE



Public Health
Prevent. Promote. Protect.

District 2 Public Health

Employee Information

Personal Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code and County

Home Phone: _____ Alternate Phone: _____

Email _____ Ethnic Group: _____ Veteran: Yes ☐ No ☐

SSN _____

Birth Date: _____ Marital Status(Optional): _____ Gender: Male ☐ Female ☐

Spouse's Name: _____

Spouse's Employer: _____ Spouse's Work Phone: _____

Job Information

Title: _____ Employee ID: _____

Supervisor: _____ Department: _____

Work Location: _____ Email: _____

Work Phone: _____ Cell Phone: _____

Start Date: _____ Salary: \$ _____

Emergency Contact Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code and County

Primary Phone: _____ Alternate Phone: _____

Relationship: _____



**EMPLOYEE NOTICE AND ACKNOWLEDGEMENT OF
CONFIDENTIALITY REQUIREMENTS**

As an employee of District 2 Public Health, I recognize that I will have access to very sensitive personal records and information. I hereby acknowledge and agree that I will access and use such records and information solely and exclusively for official, authorized purposes.

I understand that if I access or use records or information obtained through my employment for any non-official purpose, I will be subject to disciplinary action up to and including dismissal from employment, as well as possible civil or criminal liability, depending on the circumstances.

I acknowledge by my signature below that I have read this Notice, that I understand and agree to what is stated, and that I have been given an opportunity to ask any questions prior to my signing this document. I further understand that a copy of this notice will be maintained in my personnel file.

Name (Print): _____

Signature: _____

Date Signed: _____



DPH DRUG-FREE WORKPLACE NOTICE

It is the policy of the District 2 Public Health (DPH) to provide a drug-free work place. Illegal drug use significantly impacts the work place and is a serious threat to public health, safety and welfare. DPH employees are PROHIBITED from engaging in the UNLAWFUL/ILLEGAL manufacture, distribution, dispensation, possession or use of a controlled substance in the work place or while performing assigned duties. Employees are REQUIRED to notify their supervisors and/or other authorized officials of ANY criminal drug arrests or convictions within five (5) calendar days of the occurrence. Violations of the above may result in disciplinary action, up to and including separation from employment.

As condition of employment, while in the work place or performing assigned duties (including work time while in travel status), employees are:

- Required to be free of illegal drugs;
- Prohibited from abusive use of legal drugs or other substances, which create the potential for significant risk of harm to themselves or others;
- Prohibited from using someone else's prescription drugs since it is against the law;
- Required to be free of alcohol: and
- Prohibited from possessing or consuming alcohol.

Any DPH employee may be required to submit to alcohol and/or drug testing due to reasonable suspicion. In addition, based on your position, you are subject to be tested based on the following:

(Supervisor or other authorized official is to check appropriate blocks before giving to employee)

- ☐ Pre-employment (drug testing only)
- ☐ Board directed random (drug testing only)
- ☐ P.O.S.T Certified random (drug testing only)
- ☐ Commercial Drivers License (CDL) (alcohol and/or drug testing)
- ☐ No additional alcohol and/or drug test

Drug testing is conducted for the presence of the following illegal drugs:

Marijuana/cannabinoids (THC) - amphetamines/methamphetamines Cocaine
phencyclidine (PCP) opiates

Alcohol Testing and Results

Employees who refuse to submit to alcohol testing when directed will be immediately separated from employment. Employees whose test shows the presence of alcohol are subject to disciplinary action, up to and including separation from employment. In addition, when employees are separated, future employment with DPH could be jeopardized. A determination of appropriate action regarding alcohol testing will be made on a case by case basis.

DPH DRUG-FREE WORKPLACE NOTICE

Drug Testing and Results

DPH employees who refuse to submit to drug testing when directed, or whose test results indicates an illegal drug(s), will be immediately separated from employment and will not be eligible for future employment with DPH for a period of two (2) years.

Individuals currently employed with State government outside of DPH who refuse pre-employment drug testing, or whose test results indicates illegal drug(s), will not be employed by the department and will not be eligible for future employment with DPH for a period of two (2) years.

Applicants not currently employed with the State government who refuse pre-employment drug testing, or whose test result indicates an illegal drug (s), will not be employed by the Department and will not be eligible for any State employment for a period of two (2) years.

Please refer to District 2 Public Health Policy - for more specific information regarding the alcohol and drug testing programs.

Assistance

The District 2 Public Health is willing to assist employees with alcohol and/or drug-related problems. Employees must advise their supervisors or other authorized official in writing of the need for assistance prior to being notified of required testing and prior to being arrested for a criminal drug offense. Employees may also seek assistance with alcohol and/or drug-related problems through their health insurance providers or health maintenance organizations.

ACKNOWLEDGEMENT

I understand that I must abide by the conditions outlined in this notice. I will notify my supervisor, appropriate Human Resource personnel representative or other authorized official of any criminal drug arrest or conviction within five (5) calendar days of the arrest or conviction. I realize that Federal law may require that my employer communication conviction information to a Federal agency.

I also understand that I am to be free of alcohol and illegal drugs in the work place or while performing assigned duties. I have been advised that I will be subject to the alcohol and/or drug tests indicated on this notice.

Applicant/Employee's Name (Please Print) _____ Social Security # _____

Applicant/Employee's Signature _____ Date _____

DPH Organizational Unit _____ Date _____

This signed form will be placed in your official personnel file.
Questions should be directed to your supervisor or other authorized official
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EMPLOYMENT OF RELATIVES

Definition of Relatives:

- ☐ Spouse
- ☐ Child/Grandchild (*includes biological, adopted or foster child, step child, legal ward, or child for who the employee stands in loco parentis*)
- ☐ Sister/Brother (*includes step/half relationships*)
- ☐ Parent/Grandparent (*includes step relationships*)
- ☐ Aunt/Uncle
- ☐ Niece/Nephew
- ☐ First Cousin
- ☐ Immediate in-law (*i.e., mother-in-law, father-in-law, sister-in-law, brother-in-law, daughter-in-law or son-in-law*)
- ☐ Guardian (*as defined by law*)

Employees must report relationships involving relatives

_____ I have no relative(s) working at District 2 Public Health

_____ I have a relative(s) working at _____

Employee's Name _____

Signature _____

Date _____



TOBACCO FREE CAMPUS

Effective July 1, 2006, District 2 Public Health became a Tobacco Free Campus. This means that smoking or other use of tobacco will not be allowed anywhere on the District 2 Public Health workplace or grounds

Do you see that District 2 Public Health being a Tobacco Free Campus would prevent you from performing the job responsibilities of the position that you are applying for?

_____ Yes

_____ No

Signature _____

Date _____