



## EMPLOYEE DEMOGRAPHIC FORM

### EMPLOYEE INFORMATION

Employee FIRST NAME:		LAST NAME:		DATE:	
Social Security #:		Date of Birth:			
Address:		City:		State:	Zip:
County:		E-mail Address:			
Home Phone:		Work Phone:		Cell Phone:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ethnic Group: <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Caucasian <input type="checkbox"/> Multi-Racial					
Highest Level of Education: <input type="checkbox"/> High School Diploma or GED <input type="checkbox"/> Some College <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate					

### EMERGENCY CONTACT INFORMATION

PRIMARY Contact Full Name:			Relationship:		
Address:	City:	State:		Zip:	
County:		Personal E-mail Address:			
Day Time Phone #:		Cell Phone:			

SECONDARY Contact Full Name:			Relationship:		
Address:	City:	State:		Zip:	
County:		E-mail Address:			
Day Time Phone #:		Cell Phone:			



**Public Health**  
Prevent. Promote. Protect.

**DISTRICT 2 PUBLIC HEALTH**

**EMPLOYEE NOTICE AND ACKNOWLEDGEMENT OF**

**CONFIDENTIALITY REQUIREMENTS**

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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: \_\_\_\_\_



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## 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 \_\_\_\_\_



**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 indicate 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 indicate 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 results indicate 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.

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*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 communicate 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  
Page 2 of 2**



STANDARDS OF CONDUCT ACKNOWLEDGMENT

Employees of the District 2 Public Health (DPH) have a duty of trust to the State of Georgia and its citizens. It is expected that employees will maintain and exercise the highest moral and ethical standards in carrying out their duties and responsibilities. Guidelines for employee conduct have been developed and published in the DPH Human Resource/Personnel Policy Manual to prevent the appearance of impropriety, placement of self-interest above public interest, partiality, prejudice, threats, favoritism and undue influence.

As a condition of employment, employees are required to review and comply with the provisions of DPH Human Resource/Personnel Policy #1201 – Standards of Conduct and Ethics in Government and Policy #1205 – Use of State Property. These policies are available on the HR/Personnel Policies page of the District 2 Public Health Internet Web Site:

[www.phdistrict2.org](http://www.phdistrict2.org)

Employees who do not have Internet access should contact their supervisor or human resource/personnel representative for printed copies of these policies.

Questions regarding these policies should be directed to:

- Supervisors
- Human Resource/Personnel Representatives; or,
- The Office of Human Resource Management – Employment Practices and Concerns Section at 404/656-6757 (or 1-800-362-0951 if outside of area codes 404, 678 and 770).

\*\*\*\*\*

My signature below signifies my understanding that I am responsible for reviewing and complying with DPH Human Resource/Personnel Policy #1201 – Standards of Conduct and Ethics in Government and Policy #1205 – Use of State Property as a condition of employment.

Signature

Name (Please print)

DPH Organization Unit

Date

*This completed form is to be maintained in the official personnel file.*



## 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 \_\_\_\_\_



# DISTRICT 2 PUBLIC HEALTH EMPLOYEE ACKNOWLEDGEMENT, AWARENESS AND ACCOUNTABILITY STATEMENT FOR D2PH POLICIES AND PROCEDURES

**Public Health**  
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<b>EMPLOYEE NAME:</b>	
<b>EMPLOYEE ID #:</b>	
<b>DATE OF HIRE OR DATE OF ASSIGNMENT:</b>	

As an employee (temporary or regular) working for District 2 Public Health (D2PH) you are responsible for reviewing the D2PH Policies and Procedures, which can be found on our District 2 website, Employee Resources, District Policy Library link at [www.phdistrict2.org](http://www.phdistrict2.org). Review everything from the sections marked Facilities, Human Resources-General and Information Technology: Social Media Policy. The direct link is: [http://phdistrict2.org/?page\\_id=986](http://phdistrict2.org/?page_id=986)

Complete this form, sign and date; get supervisor's approval.

In order to ensure that you are aware of the D2PH Policies and Procedures, you are required to sign this statement within 30 days of your date of hire or within 30 days of assignment (for temporary agency employees).

By my signature below, I acknowledge that I am aware of and will be held accountable for compliance with the D2PH Policies and Procedures referenced above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## SUPERVISOR SECTION

*As a supervisor or manager, it is your responsibility to ensure that all employees under your supervision are aware of the above referenced policies.*

I acknowledge that it is my responsibility to ensure that all employees comply with D2PH Policies and Procedures and will advise Human Resources regarding violations.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date