



## EMPLOYMENT APPLICATION

We are looking to help people who have had employment issues due to their substance use and want to work at Apricity for their recovery.

Please fill out this application and answer all questions completely in order to be considered for employment.



## APPLICATION FOR EMPLOYMENT

**Are you a recovering alcoholic and/or drug addict?** YES NO

**Are you in need of the recovery based workplace that Apricity offers?** YES NO

If you have answered no to either of these questions please see the HR department

If you have answered yes to both questions please continue to fill out the application

**Name** (first, last) \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone** \_\_\_\_\_

**City** \_\_\_\_\_

**Referred by** \_\_\_\_\_

**State, Zip** \_\_\_\_\_

**Date you can start** \_\_\_\_\_

**Are you employed?** \_\_\_\_\_

**Have you ever worked for STEP Industries or Apricity in the past? If so, When?**

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**Please answer the following questions in order to be considered for employment**

**1. What are you doing for your recovery?**

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**2. Why are you interested in working for Apricity?**

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**3. What is your plan for transportation to and from work?**

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**4. What is your backup plan for transportation?**

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**Skills**

**List your two most recent jobs and describe the duties you performed.**

1. \_\_\_\_\_

2. \_\_\_\_\_

**I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## RELEASE OF INFORMATION

I, \_\_\_\_\_, authorize the staff of Apricity to acknowledge my employment and/or release all necessary information from my work record in communication with the following (when applicable):

Counselors: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Halfway House: \_\_\_\_\_

Probation or Parole Officer/s: \_\_\_\_\_

Other: \_\_\_\_\_

This consent also allows staff to acknowledge my employment and/or release necessary information in order to process the following (when applicable):

Application for Apricity, Incoming telephone calls for employees, reference checks from prospective employers, letters of reference from Apricity, Inc., credit checks (not bill collectors), Social Service wage statements, Court ordered payroll deductions, Unemployment Compensation claims, Workmen's Compensation claims, Department of Vocational Rehabilitation, Department of Corrections, calls to doctor's offices and reason for leaving.

I understand that I may modify this consent at any time (except to the extent that action has already been initiated) and that this consent will in any event expire when Apricity no longer maintains work record.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Signature of employee or applicant)*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Signature of parent or guardian)*

## THINGS YOU NEED TO KNOW

We want to make a difference in your vocational life. We are not a treatment center, however we are here to support you in your recovery. We strive to be a safe, supportive work place for recovering people. Due to the rehabilitative nature of your employment, work time spent at Apricity does not count as qualifying hours toward Unemployment Compensation (WI Unemployment Law 108.2(g) 2). **Work time spent offsite falls under the aforementioned.**

During morning "huddle" some employees read from a recovery related book. Feel free to volunteer to read if you'd like to.

We will not tolerate an employee being under the influence of alcohol or illegal drugs while on company premises. A breath alcohol test or a urine sample will be taken if there is reasonable suspicion that an employee is under the influence of alcohol or drugs. Consent to be tested is a condition of employment for all employees. Refusal to be tested will result in termination of your employment.

Abusive behavior will not be tolerated and will be addressed through the disciplinary system. Behavior, that is disrespectful of recovery from addiction, displayed through clothing, language, or "bragging" of alcohol/drug use, will be addressed through the disciplinary system. Physical violence, not calling when absent, leaving work without notifying supervisor, theft, deliberate unsafe behavior, use of or possession of intoxicants on company premises, sabotaging product, or blatant dishonest behavior are grounds for termination.

You will be assigned to work in a specific department or on a specific project or task. These assignments may change frequently. Please be open-minded and flexible. You will be responsible for having the appropriate clothing, to work in any department at all times. Jewelry is not allowed in the IPA rooms. You are expected to follow all procedures.

Work hours for the Neenah location are 1<sup>st</sup> shift 6:00 AM to 4:30 PM, Monday through Thursday and 2<sup>nd</sup> shift 2:00 PM – 12:00AM, Monday through Thursday. "Clock" in by 6:00 AM or 2:00 PM depending on your scheduled shift. Call before 6:00 AM, for 1<sup>st</sup> shift or 2:00 PM for 2<sup>nd</sup> shift each day if you will be absent. You are expected to call for yourself. Leaving a message on **voice mail is not accepted as "calling in"**; you need to talk *live* to a staff person. Please don't call in before 5:30 AM.

The Milwaukee location hours are 6:30 am to 5:00 pm Monday through Thursday.

Breaks will be explained per location.

Payday will be every two weeks. There are two options for being paid. The first is a pay card which is a debit card. The second is through direct deposit. Please bring routing and account numbers with you to orientation if you would like to do direct deposit.

All raises and days off are earned with successful completion of evaluations. Poor work performance results in withholding of raises and days off for specific extension periods. Continued poor performance results in discipline, which could include suspensions or termination.

Report any injury to your team leader right away. Failure to do so could result in loss of worker's compensation benefits. Everyone is expected to do ergonomic exercises during morning huddle and before each break.

Please give a 5-day notice when you resign. This is your work environment. If you have any concerns, don't hesitate to talk about them. Our hope is for your success. We believe that if you stay straight, work hard, and be patient, good things will happen!

I have read the above information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Alcohol and Drug Policy

## **PURPOSE OF THE POLICY AND TESTS**

The purpose of the alcohol/drug policy and the use of testing devices is to help provide for a safe, drug-free workplace, protect our company and employees from losses arises out of or associated with, substance abuse and maintain the integrity of our mission statement. For these reasons we do not tolerate an employee being under the influence of alcohol or illegal drugs while on company premises.

## **GENERAL POLICY**

Apricity was chartered to provide continual transitional employment opportunities for recovering alcoholics and drug addicts thus entering the premises or performing duties for the company on or off site while under the influence of alcohol or drugs is prohibited. "Under the influence" is defined as the use of alcohol that results in a positive breath alcohol test (BAT) of .01% or greater, or a positive urine test for alcohol or a positive urine test for illegal drugs.

Staff will confront an employee if there is reasonable suspicion that the employee is under the influence of such substances. Employees are expected to submit to a test if the concern cannot be adequately resolved through dialogue.

Apricity uses a breath test and/or urine for alcohol and a urine test for illegal drugs, which may be administered onsite by a trained supervisor. Substance abuse testing will be conducted with a high degree of care and discretion. It is our policy to assure that the testing process is accurate and that results are kept confidential.

Consent to be tested is understood to be a condition of employment that applies to all employees of Apricity. Refusal to be tested when reasonable suspicion has been established will result in the termination of employment.

An employee who admits prior to any testing to being under the influence of alcohol or an illegal drug will be suspended for one to three full days to allow for detoxification. This unpaid suspension may be extended, at the discretion of the plant supervisor, if more time off is required.

An employee who admits prior to any testing to being under the influence of alcohol or an illegal drug a second time within one year of the first occurrence will be discharged.

An employee who tests positive for alcohol, without prior admission, will be discharged.

An on-site reading will be taken from all urine based drug tests. A positive reading will result in an immediate unpaid suspension pending the review by medical personnel. If the results from the lab are positive, the employee will be terminated. If the results from the lab are negative, the employee will be compensated for lost work time during the suspension and will be asked to return to work.

An employee who is suspended or discharged for being under the influence of alcohol or an illegal drug must submit an acceptable and verifiable recovery plan to the plant supervisor prior to returning to work.

We further protect our work environment by not tolerating behavior which is disrespectful of the recovery from alcohol or drug addiction, or the culture of recovery. This includes any display, be it through clothing, literature or

language, of the inappropriate use or glorification of alcohol or illegal drugs. Consequences for such behavior will be addressed through the disciplinary system.

**PRESCRIPTION MEDICATIONS POLICY**

Apricity has no issue with employees who need to take prescription medication, unless the use of the drug negatively affects job performance or affects behavior to the point of creating a disruption that involves other employees. Supervisors may consult with an employee's physician to resolve questions surrounding an employee's use of prescription medication. The abuse of prescription medication, taking prescription medication not prescribed to the employee will result in suspension or termination of employment as described by the general policy.

The employee is responsible for the cost of any positive tests. These costs will be taken from employees' paycheck.

**I have read the Alcohol and Drug Policy and have been given an opportunity to ask questions about the policy. I agree to the terms of this policy.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Line Worker Job Duties**

### **Job duties**

Open and breakdown cases that may be glued or taped.

Lift cases weighing between 5 to 15 pounds' multiple times per hour.

Open plastic bags of product (may use gripping/pinching).

Fold corrugated trays using mainly hands and wrists.

Stand during production periods (50-90-minute work periods with 10-minute breaks between).

Stand 10 hours a day, four days a week.

Bending, twisting, pushing, pulling, and grasping with some resistance.

The above expectations may be required for up to 120 continuous minutes.

### **Environmental conditions**

May work in non-air-conditioned or cold (55-60 degree) temperatures.

May work around dust, dirt, and absorbent materials.

Use antibacterial soaps a minimum of 7 times a day.

**I have read the Line Worker Job Duties and have been given an opportunity to ask questions.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_