

TCD EMPLOYMENT PACKAGE CHECKLIST

All Original(s) Forwarded to Corporate Office Attention: Sadie

PRE-EMPLOYMENT:

Included in Application

1. * EEO Notification & EEO Statement
2. * MVR Authorization
3. * Copy of Driver's License
4. * DFW Authorization (DFW Policy disseminated)
5. * I-9 (employment eligibility verification)

CLEARANCE TO HIRE: From Corporate HR/Payroll Department ONLY.

1. MVR Clearance
2. DFW Result Clearance
3. E-Verify Clearance
4. Re-Hire Clearance (From Steve only)

AT-HIRE:

Included in Application (**Request ONLY**) for two forms of ID Applicant choice but must meet I-9 Standard.

1. * Copy of SSI card
2. * W-4 (IRS Deduction authorization)
3. * Triple Authorization (EEO / Safety / Hazcom)
4. * Sexual Harassment Policy (signed)
5. * Field Attire
6. * Safety Handbook

POST-ORIENTATION: Added to Employee File

1. * Commentary Drive checklist (from Safety Liaison)
2. * Safety Handbook signature page
3. * Hazcom Card (from Safety Director)
4. * Safety Manual signature page (Field Foremen Grade and above only)

POST-ANNIVERSARY: Added to Employee File

1. * Health Insurance declaration after 60 Days; Life & Dental 6 months
2. * 401 K declaration after 1 year
3. * Vacation One Week after 1st year, Two Weeks after 2nd year

POST-TERMINATION: Added to Employee file

1. * Termination Report
2. * COBRA Notification (if eligible)

INCIDENTALS: Added to Employee file

1. * Rate Changes
2. * Voluntary Payroll Deductions (petty cash etc.)
3. * Involuntary Payroll Deductions (Court levys, IRS levys, etc)
4. * Employee Written Warnings
5. * Vacation Request

TRAFFIC CONTROL DEVICES, INC.
AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION for EMPLOYMENT

****PLEASE PRINT****

Position(s) Applied For: _____ Date of Application ____ / ____ / ____

Referral Source: _____ Advertisement _____ Employee _____ Walk-in
_____ Relative _____ Employment Agency
_____ Other Name Source _____

Name: _____

Address: _____
Last First Middle
Street City State Zip Code

Home Telephone Number (____)____ - _____ Social Security Number ____ - ____ - ____
Area Code

Where may we contact you? Cell # _____ Work # _____ Time? am / pm

Have you applied here before? _____ Yes _____ No If so what date? ____ / ____ / ____

If you have been employed here before, When? From ____ / ____ / ____, To ____ / ____ / ____

Are you legally eligible for employment in this country? _____ Yes _____ No
(Proof of U.S. Citizenship or immigration status will be required upon employment)

Type of employment desired? _____ Full _____ Part _____ Shift _____ Temp

Date available for work ____ / ____ / ____ Will you work overtime? _____ Yes _____ No

Will you relocate if job requires it? _____ Yes _____ No Will you travel? _____ Yes _____ No

Are you able to meet the attendance requirements of the position? _____ Yes _____ No

Have you ever been bonded?..... _____ Yes _____ No

Have you ever been convicted of a felony in the past seven years? _____ Yes _____ No
(Such conviction may be relevant if job related, but does not restrict you from employment.)

If Yes, Please explain: _____

Driver's License Number: _____ State _____

EMPLOYMENT HISTORY

List your last three (3) employers or assignments, starting with the most recent, including military experience.

Employer	Telephone () -	<u>Dates Employed</u> From To	Summarize work performed and job responsibilities.
Address			
Job Title		<u>Hourly Rate/Salary</u> Starting	
Immediate Supervisor and Title		\$ Per	
Reason for Leaving		<u>Hourly Rate/Salary</u> Final	
May we contact for reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	\$ Per	

Employer	Telephone () -	<u>Dates Employed</u> From To	Summarize work performed and job responsibilities.
Address			
Job Title		<u>Hourly Rate/Salary</u> Starting	
Immediate Supervisor and Title		\$ Per	
Reason for Leaving		<u>Hourly Rate/Salary</u> Final	
May we contact for reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	\$ Per	

Employer	Telephone () -	<u>Dates Employed</u> From To	Summarize work performed and job responsibilities.
Address			
Job Title		<u>Hourly Rate/Salary</u> Starting	
Immediate Supervisor and Title		\$ Per	
Reason for Leaving		<u>Hourly Rate/Salary</u> Final	
May we contact for reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		

SKILLS and QUALIFICATIONS

Summarize special skills and qualifications you may have acquired from previous employment or other experiences that may qualify you to work with our company. _____

REFERENCES (Interviewer is responsible for contacting references)

List three **business/work** references who are **not related** to you and are **not previous** supervisors. If not applicable, list three personal references.

Name	Telephone	Years Known	Date verified (Company Use)
_____	() - _____	_____	_____
_____	() - _____	_____	_____
_____	() - _____	_____	_____

EDUCATIONAL BACKGROUND

A. List the last three (3) schools attended (most recent **first**). B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Major field of study. E. Minor field of study (if applicable).

A. School	B. Years Completed	C. Degree	D. Major	E. Minor
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List any foreign language(s) and check on the line under the description that best describes your level.

Language	Read and Write	Read and Speak	Read only	Speak Only
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List any additional information you would like us to consider.

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

I give the Employer the right to investigate all references and to secure additional informational information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The Employer is an Equal Opportunity Employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I recognize and accept as a term of hire a 90-day Probationary Period with TRAFFIC CONTROL DEVICES, INC. I further understand that if my job performance is unacceptable, I may be terminated at any time during that period.

Signature of Applicant _____

Date: ____ / ____ / ____

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) applied for: _____

Available
Not Available

Other positions considered for: _____

HIRED..... Yes No Date of Hire ___ / ___ / ___

Position hired for: _____

Rate of Hire: \$ ____ . ____ per hour \$ ____ . ____ Weekly Salary
(CORPORATE APPROVAL ONLY)

EEO Classification: Asian Black Caucasian Hispanic Native American

NOTES: _____

Completed: MVR _____ CDL "A" "B" "C" "Permit" DFW _____
(Circle Appropriate Class)

Completed By: _____ Date: ___ / ___ / ___
Company Official



Traffic Control Devices, Inc.
242 N. Westmonte Drive
Altamonte Springs, Florida 32714

Driver's License Release Authorization

I understand that it is Traffic Control Devices, Inc. policy to require Driver's License validation to meet Company Insurance standards for employees. I understand that my signature on this form is my authorization to Traffic Control Devices, Inc. to obtain my Motor Vehicle License Records for the purpose of meeting company hiring policy.

Signature: _____

Date: _____

Date of Birth: _____

Driver's License # _____



EQUAL EMPLOYMENT OPPORTUNITY STATEMENT

(REVISED: OCTOBER 1, 2014)

It is the policy of TRAFFIC CONTROL DEVICES, INC. to take affirmative action in our effort to afford equal opportunity to all qualified persons without regard to age, color, disability, disabled veterans or Vietnam veterans, national origin, race, religion, or sex. This statement includes, but is not limited to, our efforts to hire and employ qualified, reliable and productive employees. This further applies to the placement, upgrading, transfer, demotion, layoff, termination, recruitment, advertising of pay or other forms of compensation and selection for training, including apprenticeship, pre-apprenticeship, and or on-the-job training. It is the policy of TRAFFIC CONTROL DEVICES, INC. to afford Minority Business and equal opportunity in bidding for subcontract work.

The designated Equal Opportunity Officer for TRAFFIC CONTROL DEVICES, INC. is **Frank M. Kemp**.

TRAFFIC CONTROL DEVICES, INC.

Gregory S. Cockman President

Frank M. Kemp EEO Officer

TRAFFIC CONTROL DEVICES, INC.
P.O. BOX 150418 ALTAMONTE SPRINGS, FLORIDA 32713-0418
PHONE: 407-869-5300 FAX: 407-869-0904

Form W-4 (2016)

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 2016 expires February 15, 2017. 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 cannot claim exemption from withholding if your 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 do not apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you are not 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 2016. 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 are single and have only one job; or • You are married, have only one job, and your spouse does not 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** _____
(Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

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	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">► 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.</p>	OMB No. 1545-0074 2016
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 2016, 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) _____



EEO ACKNOWLEDGEMENT

This is to confirm my receipt of **TRAFFIC CONTROL DEVICES, INC.** Equal Opportunity Statement giving the EEO Officer's name, the policy and the qualifications for apprenticeship training.

SIGNED: _____

DATE : _____

SAFETY ACKNOWLEDGEMENT

This is to confirm that I have received a copy of **TRAFFIC CONTROL DEVICES, INC.** Safety Handbook. I understand as an employee that I shall observe all company safety rules, use all safety equipment provided by the company, and maintain the upkeep of my personal tools to meet the company's safety policy.

SIGNED: _____

DATE : _____

HAZCOM ACKNOWLEDGEMENT

This is to confirm that I am familiar with **TRAFFIC CONTROL DEVICES, INC.** Hazard Communication Program. I am aware of the location of the MSDS (material safety data sheets) and recognize that important information regarding exposure to expected hazardous materials is contained within this source. I understand that upon request I may be given access to the information contained within the policy and or the MSDS.

SIGNED: _____

DATE : _____

CDL LICENSE DRIVERS ONLY .

TRAFFIC CONTROL DEVICES, INC .
(A TRAFFIC SIGNAL CONSTRUCTION COMPANY)

DRIVER APPLICATION

Applicant Name:	Social Security #:
Current Address:	Date of Birth:
City: St. Zip	

Residence Past 3 Years

Address:	St.	Zip	How Long?
City:			
Address:	St.	Zip	How Long?
City:			
Address:	St.	Zip	How Long?
City:			

Experience and Qualifications - Driver

MAKE A PHOTO COPY OF THE DRIVERS LICENSE AND MEDICAL CERTIFICATE!!!
Applicant list the states and license numbers of all licenses held for the past 3 years.

STATE	LICENSE #	EXPIRATION DATE	CLASS A, B,	ENDORSEMENTS

DRIVING EXPERIENCE

Equipment Class	Type of Equipment Van, Flat, Tank, etc	DATES		Approx # of Miles Total
		From	To	
Straight Truck				
Tractor Semi Trailer				
Tractor with Doubles				
Tractor with Triples				
Tractor with Tank				
Other				

Accidents/Crashes for the past 3 years or more

DATE	Nature of Accident (Backing, Head-on, Rollover, Turning)	Fatalities	Injuries

Moving Traffic Convictions and Forfeitures for the past 3 years.

Date of Conviction	Offense	Location	Type of Motor Vehicle Operated

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

B. Has any license, permit or privilege ever been revoked? Yes No

If yes attach statement giving details.

This company requires all Drivers who drive Commercial Motor Vehicles (CMV) which require a Commercial Drivers License (CDL), to be controlled substances tested with a negative result prior to driving.

Do you consent to such Testing? Yes No

EMPLOYMENT RECORD

All for past 3 years and Commercial Driving Experience for the past 10 years

Last Employer: _____
 Position held: _____ CDL? From: _____ To: _____
 Address: _____ City: _____ ST: _____
 Telephone #: _____ FAX: _____
 Reason For Leaving: _____

Last Employer: _____
 Position held: _____ CDL? From: _____ To: _____
 Address: _____ City: _____ ST: _____
 Telephone #: _____ FAX: _____
 Reason For Leaving: _____

Last Employer: _____
 Position held: _____ CDL? From: _____ To: _____
 Address: _____ City: _____ ST: _____
 Telephone #: _____ FAX: _____
 Reason For Leaving: _____

Last Employer: _____
 Position held: _____ CDL? From: _____ To: _____
 Address: _____ City: _____ ST: _____
 Telephone #: _____ FAX: _____
 Reason For Leaving: _____

Last Employer: _____
 Position held: _____ CDL? From: _____ To: _____
 Address: _____ City: _____ ST: _____
 Telephone #: _____ FAX: _____
 Reason For Leaving: _____

Last Employer: _____
 Position held: _____ CDL? From: _____ To: _____
 Address: _____ City: _____ ST: _____
 Telephone #: _____ FAX: _____
 Reason For Leaving: _____

This certifies that this application was completed by me, and that all entries on it and information in it are true to the best of my knowledge.

Applicant's Signature

DATE

CDL DRIVERS ONLY

EMPLOYER:	TRAFFIC CONTROL DEVICES, INC.
ADDRESS:	P. O. BOX 150418
CITY, ST:	ALTAMONTE SPRINGS, FLORIDA 32715
Designated Employer Representative: SADIE JACKSON / FRANK KEMP	
PHONE #: (407) 869 - 5300	FAX#: (407) 869 - 0904
PLEASE MARK MAIL CONFIDENTIAL	

Drivers Name:	
I hereby authorize and request	
Prior Employer _____	
Address: _____	
City, ST: _____	
Telephone No.:	FAX No.
to release any and all information pertaining to my employment records as required by 49 CFR §391.23 to the above named company. You are released from any and all liability which may result from releasing such information.	
Signed:	Date:
Witnessed By:	SSN:

1.	§391.(d)(1). The above applicant shows that he/she worked for you. Employment dates from _____ to _____
----	---

2.	§391.23(d)(2). Did the applicant have any accidents? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date	Location City/St	# Injuries	# Fatalities	HM Spill?

3.	§391.23(e)(1). Did the driver violate any section of 49 CFR Subpart B?		
Did this employee violate:	Yes	No	
§382.201 No Alcohol concentration above .04.			
§382.205 No Alcohol use on duty.			
§382.207 No Alcohol use within 4 hours before coming on duty.			
§382.209 No Alcohol use until 8 hours after an accident.			
§382.211 Refusing to submit to testing (Post accident, Random, Reasonable suspicion; or Follow Up test)			
§382.213 No controlled substances use on duty.			
§382.215 Tested positive for controlled substances.			

4.	§391.23(e)(2). If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? 49 CFR §382.605/Part 40 Subpart O		
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5. §391.23(e)(3). After completing return-to-duty process, 49 CFR §382.605/Part 40 Subpart O, Did the driver		
1. Test above .04 for alcohol	Yes	No
2. Receive a verified positive controlled substances result		
3. Refuse to be tested		

Previous employer, if you answered "yes" to any item in section 3, you must also transmit a copy / copies of the appropriate documentation (e.g., CCFs, MRO results reports, BATFs, SAP reports, follow-up testing record) to the new employer. (49 CFR Section 40.25)

As per 49 CFR §391.23(g) After October 29, 2004 previous employers must respond to the above request within 30 days after the request is received.

Type of equipment driven <input type="checkbox"/> Straight truck <input type="checkbox"/> Tractor semi-trailer <input type="checkbox"/> Bus Trailer used. <input type="checkbox"/> Van <input type="checkbox"/> Flatbed <input type="checkbox"/> Refrigerated <input type="checkbox"/> Cargo Tank <input type="checkbox"/> Triples <input type="checkbox"/> Doubles Was the applicant safe and efficient? <input type="checkbox"/> Yes <input type="checkbox"/> No Remarks:
--

Reason for leaving your employ. Discharged Laid off Resigned Other:

How was the driver in:	EXCELLENT	GOOD	POOR
Quality of work			
Cooperation with others			
Safety Habits			
Personal Habits			
Driving Skills			
Attitude			

Mailed On:	Filed On:
Verified by Phone Talked to:	
Signature:	Date:



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire 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 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 [][]-[][]-[][][][]		E-mail Address			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):

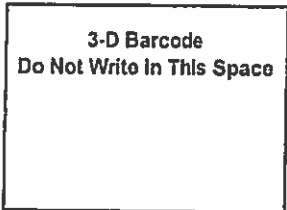
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee:	Date (mm/dd/yyyy):
------------------------	--------------------

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

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

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

STOP Employer Completes Next Page **STOP**

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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

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:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

3-D Barcode
Do Not Write In This Space

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		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)	First Name (Given Name)		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code

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

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

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
-----------------	------------------	---------------------------------------

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:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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TRAFFIC CONTROL DEVICES, INC.

P.O. BOX 150418
ALTAMONTE SPRINGS, FLORIDA 32715-0418

(407) 869-5300

DRUG ABUSE POLICY STATEMENT

Effective: January 1, 1993

Revised: September 1, 2000

Traffic Control Devices, Inc. is committed to providing a safe work environment and to fostering the well being and health of its employees. That commitment is jeopardized when any Traffic Control Devices, Inc. employee illegally uses drugs on the job, reports to work under the influence, or possesses, distributes or sells drugs in the workplace. Therefore Traffic Control Devices, Inc. has established the following policy:

1. It is a violation of company policy for any employee to possess, sell, trade, or offer for sale illegal drugs or otherwise engage in the illegal use of drugs on the job.
2. It is a violation of company policy for anyone to report to work under the influence of illegal drugs .
3. It is a violation of the company policy for anyone to use prescription drugs **illegally**. (however, nothing in this policy precludes the appropriate use of legally prescribed medications.)
4. Violations of this policy are subject to disciplinary action up to and including termination.

It is the responsibility of supervisory personnel to counsel employees whenever they see changes in performance or behavior that suggest an employee has, or may have, a drug problem. Although it is not a supervisor's responsibility to diagnose personal problems, the supervisor should encourage such employees to seek help and advise them about available resources for getting help. All employees share responsibility for maintaining a safe work environment and co-workers should encourage anyone who may have a drug problem to seek help. All supervisory personnel shall appropriately document in writing each occasion that an employee is counseled or advised regarding possible illegal drug use or controlled substance abuse.

The goal of this policy is to balance our respect for individuals with the need to maintain a safe, healthy, productive and drug-free environment. The intent of this policy is to offer assistance to those in need, while clearly establishing that the illegal use of drugs is incompatible with employment at Traffic Control Devices, Inc.



TRAFFIC CONTROL DEVICES, INC.

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DRUG-FREE WORKPLACE

Employee Acknowledgment of Receipt and Understanding

I hereby acknowledge that I have received and read a summary of Traffic Control Devices, Inc.'s Drug-free Workplace Policy (rev. 9/1/00), and a list of some local employee Assistance Programs and drug and alcohol treatment facilities. I have had an opportunity to have all aspects of this material fully explained. I understand that the full text of the Drug-free Workplace Policy (rev. 9/1/00) has been provided to me and that a copy of this document is available upon request. I also understand that I must abide by the policy as a condition of employment, and any violation may result in disciplinary action up to and including discharge.

Further, I understand that during my employment I may be required to submit to testing for the presence of drugs, controlled substances, or alcohol. I understand that submission to such testing is a condition of employment with Traffic Control Devices, Inc., and disciplinary action up to and including discharge may result if:

- 1) I refuse to consent to such testing;
- 2) I refuse to execute all forms of consent and release of liability as are usually and reasonably attendant to such examinations;
- 3) I refuse to authorize release of the test results to authorized representatives of Traffic control Devices, Inc.;
- 4) The tests establish a violation of the Drug-Free Workplace Policy; or,
- 5) I otherwise violate the policy.

If I am injured in the course and scope of my employment and test positive, I forfeit my eligibility for medical and indemnity benefits under the Workers' Compensation Act upon exhaustion of the remedies provided in State Statute.

I ALSO UNDERSTAND THAT THE DRUG-FREE WORKPLACE POLICY AND RELATED DOCUMENTS ARE NOT INTENDED TO CONSTITUTE A CONTRACT BETWEEN TRAFFIC CONTROL DEVICES, INC AND MYSELF.

As part of my employment with Traffic Control Devices, Inc., and my participation in the Drug-Free Workplace Policy, I hereby agree to hold harmless Traffic Control Devices, Inc. and its officers, directors, and employees, as well as, the testing laboratory, the Medical Review Officer ("MRO"), the Employee Assistance Program, and any drug treatment or counseling facility from and against any and all claims, losses, actions, or damages which may occur as a result of the application of this drug-free workplace policy.

THE UNDERSIGNED FURTHER STATES THAT HE OR SHE HAS RECEIVED A COPY OF THE FOLLOWING DOCUMENTS:

- **Drug Abuse Policy Statement (rev. 9/1/00);**
- **Drug-Free Policy, with Exhibits "A" and "B," (rev. 9/1/00); and,**
- **Drug-Free Workplace; Employee Acknowledgement of Receipt and Understanding (rev. 9/1/00).**

I FURTHER STATE THAT I HAVE READ THE FOREGOING DOCUMENTS, OR HAVE HAD THIS DOCUMENTS EXPLAINED TO ME, AND THAT I KNOW THE CONTENTS THEREOF AND SIGN THIS DOCUMENT OF HIS OR HER OWN FREE WILL.

Signature

Date

Signature

Date



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SEXUAL HARASSMENT POLICY

It is the policy of Traffic Control Devices, Inc. (TCD) to provide a work environment free of unlawful harassment, including sexual harassment and all forms of sexual intimidation and exploitation. All employees should be aware that TCD will not tolerate any conduct that constitutes sexual harassment. Complaints of sexual harassment will be promptly and thoroughly investigated and appropriate action, including disciplinary measures, will be taken when warranted.

Management at all levels is responsible for maintaining an appropriate environment in the workplace. This includes taking appropriate corrective action to prevent and eliminate harassment.

Sexual harassment is unlawful, violating Title VII of the Civil Rights Act of 1964, as amended. Sexual harassment is defined in the "Guidelines on Discrimination Because of Sex" under Title VII as follows:

"Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when

1. submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment,
2. Submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such an individual, or
3. such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment", even if it does not lead to tangible or economic job consequences.

Some examples that may constitute harassment are:

- Unwanted sexual advances.
- Offering employment benefits in exchange for sexual favors.
- Making or threatening reprisals after a negative response to sexual advances.
- Making sexual gestures; displaying sexually suggestive objects, pictures, cartoons, posters or calendars.
- Making or using derogatory comments, epithets, slurs, or jokes of a sexual nature.
- Verbal sexual advances or propositions.
- Verbal abuse of a sexual nature, graphic commentaries about an individual's body, sexually degrading words used to describe an individual, suggestive or obscene letters, notes, or initiation.
- Unwelcome, intentional and/or repeated touching of a sexual nature.

Even when relationships are consensual, care must be taken to eliminate the potential for harassment or other conflicts. TCD practice, as well as more general ethical principles, precludes individuals from evaluating the work performance of those with who they have amorous and/or sexual relationships, or from making hiring, salary, or similar decisions.

Upon learning about such relationships management has the authority to eliminate any direct administrative relationship between the involved individuals.

When a consensual personal relationship arises and an authority or power differential exists, consent will not be considered a defense in a claim that TCD policy has been violated. The individual in the relationship with greater authority or power will bear the burden of accountability.

Any employee has the legal right at any time to raise the issue of sexual harassment **without fear of reprisal or retaliation**. Any employee who feels that he or she has been sexually harassed should immediately address this issue with his or her area supervisor or with the TCD company Equal Employment Opportunity (EEO) Officer Mr. Frank M. Kemp who can be reached at (407) 869 5300 collect if required.

The EEO Officer is available to any TCD employee who seeks information and counseling about TCD formal and informal mechanisms for resolving complaints. The EEO Officer will handle matters brought to his attention with sensitivity and discretion. The EEO Officer can provide information about TCD complaint investigation and resolution procedures.

I _____ have read the above written policy and
(PRINT NAME)
understand its provisions and procedures as affirmed by my signature this _____
(DAY)
day of _____, 20____.
(MONTH)

X _____



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DRUG-FREE POLICY

Effective: January 1, 1993
Revised: September 1, 2000

It is the goal of Traffic Control Devices, Inc. to provide a safe workplace by eliminating the hazards to health and job safety created by substance abuse. Traffic Control Devices, Inc. believes that this goal represents the best interests of the company and its employees.

The purpose of this policy is to institute and maintain a program for achieving the objective of a drug-free work force and to provide a workplace that is free from the illegal manufacture, distribution, dispensation, possession, sale and use of illegal drugs.

This document describes the current policy and practice of Traffic Control Devices, Inc. and its subsidiaries and will be interpreted, administered, and amended by Traffic Control Devices, Inc. within its sole discretion. This policy is not intended to and does not confer legal rights or impose legal obligations.

This policy applies to **ALL** applicants (including rehires) and current employees (including temporary employees).

The term "**illegal drug**" is defined as drugs and controlled substances, the possession or use of which is unlawful, pursuant to Federal, State and local laws and regulations within the United States of America.

Drugs and controlled substances that are not legally obtainable, or that are legally obtainable but have not been legally obtained, are considered to be illegal drugs. Examples include street drugs such as cocaine, heroin, marijuana, and phencyclidine and controlled substances such as amphetamine, methamphetamine, and barbiturates.

The term "**controlled substance abuse**" includes prescribed drugs not being used for prescribed purposes or in a prescribed manner.

A list of the illegal drugs and controlled substances which are subject to testing under this Drug-Free Policy, and the maximum allowable testing limits for each item, is attached to this Policy as Exhibit "B."

The applicant/employee will normally be required to supply a test sample within four (4) hours after receiving notice of the pending illegal drug or controlled substance test. The result of a test performed for illegal drugs or controlled substances will be considered "Positive" if any of the following occur: the test result shows an amount of illegal drug or controlled substance in excess of that set forth in Exhibit "B;" the applicant/employee fails or refuses to provide an acceptable test sample within the allotted time; or, the employee/applicant adulterates, contaminates, switches, or in any way falsifies any test sample.

Traffic Control Devices, Inc. values its employees and recognizes their need for a safe and healthy work environment. Establishment of a drug-free policy is consistent with Traffic Control Devices, Inc. desired culture and is in the best interests of Traffic Control Devices, Inc and its employees. The use of illegal drugs and controlled substance abuse, on or off duty, is inconsistent with the law-abiding behavior expected of all citizens. Additionally, illegal drug use and controlled substance abuse inflict a serious toll on productive resources and the health, safety and well being of all workers. Employees who use illegal drugs or engage in controlled substance abuse on or off duty are less productive, less reliable, and exhibit greater absenteeism, resulting in increased cost, delay, and risk to business operations.

Traffic Control Devices, Inc. employees have the right to work in a drug-free environment. For these reasons Traffic Control Devices, Inc. will not tolerate the use, sale, or possession of illegal drugs or controlled substances abuse by its employees.

Traffic Control Devices, Inc. is committed to maintaining a safe workplace free from the influence of illegal drugs and controlled substance abuse. In addition, Traffic Control Devices, Inc. will comply with all applicable requirements of the Drug-Free Workplace Act of 1988, the drug free work force rules promulgated by the U.S. Department of Defense, U.S. Department of Transportation, as well as all other applicable Federal, State, and local laws and regulations.

It is Traffic Control Devices, Inc.'s policy to achieve a drug-free work force and to provide a workplace that is free from the use of illegal drugs and controlled substance abuse. The manufacture, distribution, dispensation, possession, sale, or use of illegal drugs by Traffic Control Devices, Inc. employees, on or off company property is prohibited.

To assist employees in understanding and avoiding the perils of illegal drug use and controlled substance abuse, Traffic Control Devices, Inc. will provide a comprehensive drug-free awareness program. The company will utilize this program in an ongoing educational effort to prevent and eliminate illegal drug use and controlled substance abuse. The drug-free awareness program will inform employees about the following:

The dangers of illegal drug use and controlled substance abuse.

Traffic Control Devices, Inc. Drug-Free Policy.

The availability of treatment and counseling for employees who voluntarily seek such assistance.

The sanctions Traffic Control Devices, Inc. will impose for violations of its Drug-Free Policy.

Supervisors and other appropriate personnel will be trained in drug abuse recognition and the Company's procedures for handling and assisting employees who are subject to the effects of illegal drug use of controlled substance abuse.

Traffic Control Devices, Inc. encourages the earliest possible diagnosis and treatment for illegal drug use or controlled substance abuse. The Company supports sound treatment efforts. Whenever applicable, Traffic Control Devices, Inc. will assist employees by providing an updated list of reputable facilities that specialize in counseling and or offer treatment programs. A list of facilities offering employee assistance for illegal drug use or controlled substance abuse is attached as Exhibit "A."

Employees with personal drug or controlled substance abuse problems are encouraged to request assistance from their area Project Manager. Assistance in the form of direction will be provided on a confidential basis, and each employee will be referred to the appropriate treatment and counseling services. Employees who voluntarily request assistance in dealing with drug or controlled substance abuse problems may do so without jeopardizing their continued employment with the Company.

Employees who test positive for illegal drug use or controlled substance abuse and who are referred, at Company discretion, for counseling or treatment will be limited to one opportunity for counseling or treatment to cease the use of illegal drugs. A second positive test for the use of illegal drugs, or continued positive testing during or after, any clinical or rehabilitory program will result in immediate termination. Employees terminated for this reason will be ineligible for rehire.

Employees who are referred for any other reason, at the Company's discretion, for counseling or treatment will be limited to one opportunity for counseling or treatment to cease the use of illegal drugs. Any positive test for the use of illegal drugs following treatment and counseling will result in immediate termination. Employees terminated for this reason will be ineligible for rehire.

Employees who test positive for illegal drugs or controlled substances will be subject to immediate disciplinary actions which, at the Company's sole discretion, may include actions up to and including suspension and/or termination. At the Company's sole discretion, an employee who tests positive for illegal drugs or controlled substances may be suspended without pay,

rather than terminated, until such time that the employee successfully completes an approved treatment or counseling program as provided for in this policy. During such period of suspension, the suspended employee shall be responsible for any out-of-pocket costs involving the suspended employee's group health insurance coverage, 401K participation, or other obligation. After undergoing and successfully completing an approved treatment or counseling program, an employee may be eligible for rehire or reinstatement from suspension.

Company requested employee treatment and counseling will require, at a minimum, immediate cessation of any illegal drug use and/or controlled substance abuse. The offending employee will also be subject to unannounced periodic testing for an eighteen (18) month period following enrollment in the program. Undergoing treatment or counseling for the first time will normally not jeopardize an employee's employment. However, Company retains the right to terminate employee at any time and employee's participation in treatment or counseling does not obligate Company to continue employee's employment with Company. Certain contractual obligations with governmental agencies concerned with security, health, and safety may deny access to employees involved with drug use or controlled substance abuse and or treatment thereof. Should this occur the employee may be reassigned based on availability or be terminated.

Employees under the influence of prescribed medical treatment with any drug or controlled substance that may impair his or her physical or mental ability should report this treatment to his or her immediate supervisor so that an appropriate determination can be made regarding changes in assignments.

The use, possession, sale, or distribution of alcohol on Company premises, or in the use or operation of Company vehicles or equipment, whether during working hours or non-working hours, is prohibited and constitutes a violation of policy. Such action will be handled pursuant to the company's policy on work performance and conduct.

Traffic Control Devices, Inc. expressly prohibits the following:

Use, possession, manufacture, distribution, dispensation, or sale of illegal drugs whether on or off Company premises and whether during working or non-working hours.

Controlled substance abuse whether on or off Company premises and whether during working or non-working hours.

Storing any illegal drug in a locker, desk, vehicle, or other repository on Company premises. The Company reserves the sole right to search such locations at any time.

Being under the influence of an illegal drug or engaging in controlled substance abuse on Company premises, or while engaged in Company business, or in Company-supplied vehicles, or during working hours.

Testing positive for illegal drugs or controlled substances without establishing a legal

basis for their use.

Switching, contaminating, or adulterating any urine sample submitted for testing, or submitting a false sample for testing.

Use, possession, sale, or distribution of alcohol, or being under the influence of alcohol on Company premises, or while operating Company-supplied vehicles or equipment, whether during working or non-working hours.

Refusing consent to testing or refusing or failing to submit a urine sample within the allotted time for testing, (usually four (4) hours), when required by a Company representative or by representatives of any Company customer or vendor.

Failing, when requested by the Company, to enroll in any alcohol or other drug treatment or counseling program and failing to adhere to the requirements of the program.

Being indicted or convicted under any criminal drug statute for a violation occurring in the workplace or outside the workplace.

Failing to notify the Company of any indictment or conviction under any criminal drug statute within five (5) days of the event.

Failing to comply with rules and regulations promulgated under any testing programs maintained by Traffic Control Devices, Inc pursuant to such rules and regulations.

The violation of any of these prohibitions shall constitute a violation of the Company's drug-free workplace policy, and will result in immediate disciplinary actions which, at the Company's sole discretion, may include actions up to and including suspension and/or termination.

Traffic Control Devices, Inc. shall maintain a Drug-Free testing program as follows:

The Company will test for illegal drugs and controlled substances for all employees and will, in its sole discretion, determine and may at any time change the requirements, extent, and frequency of employee testing.

The Company will test All applicants, whether new employees or rehires. The company requires that every newly hired and rehired employee be free of illegal drug use and controlled substance abuse. Each offer of employment shall be conditioned upon the successful completion of a test for illegal drugs and controlled substances as prescribed by the Company. Any applicant who tests positive in the pre-employment drug test shall be rejected and shall be ineligible for hire for twelve (12) months unless the applicant adequately establishes a legal basis for the use of the drug or controlled substance with respect to which the applicant tested positive.

The Company may require any employee to submit to a testing procedure based on a reasonable

suspicion that he or she has or is using illegal drugs, or engaged in controlled substance abuse, whether during working or non-working hours, on or off Company premises.

At the employee's request, the Company will afford applicants and employees subject to testing the opportunity, prior the test, to voluntarily provide a list of all prescription and nonprescription drugs and controlled substances they have or are using along with an explanation of the circumstances surrounding the use of such drugs and controlled substances. Failure of any applicant or employee to establish adequately a legal basis for the use of any drug or controlled substance with respect to which the employee tests positive shall constitute a violation of this policy.

Applicants and employees subject to testing must, prior to testing, sign an approved form, agreeing to the testing, and authorizing the release of test results to Traffic Control Devices, Inc. Human Resources Director, and authorizing the disclosure of the results by the Human Resources Director with selected members of top management as may be necessary and with any Government agencies upon their valid request.

As part of the testing process, the employee shall also hold harmless the Company, the testing laboratory, the Medical Review Officer ("MRO"), and any drug treatment or counseling facility from and against any and all claims, losses, actions, or damages which employee may incur as a result of the application of this drug-free workplace policy.

Upon receipt of a positive test result, the Company will give all employees who test positive the opportunity to explain in writing the test results. Failure of any employee to establish adequately a legal basis for the use of any drug or controlled substance with respect to which the employee tests positive shall constitute a violation of this policy.

Upon receipt of a positive test result, other than a positive result based upon employee's switching, contaminating, or adulterating any sample, the employee shall have the opportunity to challenge the test results in writing. Such challenge shall be in writing and shall be within five (5) working days after employee first receives notification of a positive test result. The employee shall have full responsibility to contact an approved testing lab, and make all arrangements, including payment, for the re-testing to be performed in support of employee's challenge. Failure of any employee to successfully challenge a positive result for the use of any illegal drug or controlled substance abuse with respect to which the employee tests positive shall constitute a violation of this policy.

The Company will establish and maintain any & all additional testing programs and requirements that may be necessary or appropriate to comply with all applicable Government rules and regulations.

Violations of Traffic Control Devices Inc.'s Drug-Free policy shall be subject to the following consequences:

Violation of this policy may result in severe disciplinary action, including suspension and/or termination, at the Company's sole discretion.

In addition to any disciplinary action, the Company may, in its sole discretion, refer the employee to a treatment or counseling program for illegal drug use or controlled substance abuse.

Employees referred to such a program by the Company must immediately cease any illegal drug use or controlled substance abuse, must consent to periodic unannounced testing for a period of eighteen (18) months, and must comply with all other conditions of the treatment or counseling program and disciplinary action. After successful completion of all requirements of this section, employees will again be subject to the testing program applicable to all employees.

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK.

MAXIMUM ALLOWABLE TESTING LIMITS

<u>AHCA PANEL</u>	<u>Initial Test Level</u>	<u>GS/MS Confirm Test Level</u>
AMPHETAMINES	1000ng/mL	500 ng/mL
COCAINE METABOLITES	300 ng/mL	150 ng/mL
MARIJUANA METABOLITES	50 ng/mL	50 ng/mL
OPIATES	2000 ng/mL	2000 ng/mL
PHENCYCLIDINE	25 ng/mL	25 ng/mL
ALCOHOL	Statutory	Statutory

EMPLOYEE ASSISTANCE FACILITIES

Employees seeking assistance or information regarding facilities specializing in the consultation or treatment of substance abuse may contact the following suggested facilities that may be more convenient to their area.

This list is provided as required by statute, and is only a list of suggested facilities that provide these services each of Traffic Control Devices' business locations identified below.

FLORIDA

JACKSONVILLE: Diversified Human Services, Inc.
2830 NW 41st Street, Building M
Gainesville, Florida 32606
(352) 335-1880

PANAMA CITY: Chemical Addiction Recovery
4150 Hollis Drive
Marianna, Florida 32446-2700
(850) 526-3133

MELBOURNE: Heritage Treatment Center
2000 Commerce Drive
Melbourne, Florida 32904
(407) 725-5222

MIAMI: Bradman Therapy Centers
7951 S.W. 6th Street, Suite 100
Plantation, Florida 33324
(305) 474-8727

ORLANDO: Westlake Hospital
589 West SR 434
Longwood, Florida 32750
(407) 260-1900

CLEARWATER: PAR
6150 150th Avenue North
Clearwater, Florida 33760
(727) 524-4312