

DRUG-FREE WORKPLACE APPLICATION / AFFIDAVIT FOR CERTIFICATION

MUST BE SUBMITTED TO:

THE KENTUCKY DEPARTMENT OF WORKERS' CLAIMS

Application can be sent via email to: KYWCDrugFree@ky.gov

Phone: (502) 782-4539

DRUG-FREE WORKPLACE APPLICATION

Part A: Type of Form (check one): New Application _____ Renewal _____

Part B: Applicant Information:

Drug-Free Workplace Coordinator: _____

Company Name: _____

FEIN: _____

Corporate Address: _____

City: _____ State: _____ Zip: _____

County: _____

Phone: _____

E-Mail Address: _____

Number of Employees: _____ Type of Business: _____

Workers' Compensation Insurance Carrier: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Kentucky Location Physical Address: _____

City: _____ State: _____ Zip: _____

TO BE COMPLETED BY THE KENTUCKY DEPARTMENT OF WORKERS' CLAIMS

Date of Initial Certification: _____

Approved By: _____

DRUG-FREE WORKPLACE APPLICATION CHECKLIST & REQUIRED DOCUMENTS

Part C: Checklist:

- Page _____ A copy of a drug-free workplace statement is given to each employee and posted in a prominent place at the place of employment;
- Page _____ The copy notifies employees that the unlawful manufacture, distribution, dispensation, possession, or use of alcohol or a controlled or illicit substance is prohibited in the workplace;
- Page _____ The copy specifies the actions that will be taken against employees for violations of such
- Page _____ An alcohol and substance abuse education and awareness training program for all employees and supervisory personnel has been established;
- Page _____ A program has been established that includes alcohol and drug testing;
- Page _____ An Employee Assistance Program is provided which includes professional assessment of employee personal concerns; confidential and timely identification services with regard to employee alcohol or substance abuse; referrals to employees for appropriate diagnosis, treatment and assistance with regard to employee alcohol or substance abuse; and follow-up services for employees who participate in a drug or alcohol rehabilitation program;
- Page _____ A drug-free workplace will be maintained throughout the workers' compensation insurance policy period; and
- Page _____ All of the above complies with the regulatory requirements of 803 KAR 25:280.

Part D: Required Documents

Copies of the following documents shall be attached to the initial application. The documents shall not be attached to renewal application unless a substantial change is made to the documents previously filed with the Kentucky Department of Workers' Claims:

- Page _____ Drug-Free Workplace Policy
- Page _____ A Statement identifying each alcohol and drug test that will be conducted
- Page _____ A Statement identifying the company's Employee Assistance Program
- Page _____ A description of the alcohol and substance abuse education and awareness training program for employee and supervisory personnel
- Page _____ A Statement describing the confidentiality of the company's drug-free workplace program
- Page _____ Documents provided to employees

DRUG-FREE WORKPLACE AFFIDAVIT FOR CERTIFICATION

Part E: Employer Certification & Affidavit:

As a duly authorized agent of the license applicant named above, I hereby certify:

- (a) That the frequency and duration of each employee and supervisor training session meets the requirements of 803 KAR 25:280;
- (b) That all employees and supervisory personnel have participated or will participate during the calendar year in the required alcohol and substance abuse education and awareness training; and
- (c) That the information I have provided in this Application/Affidavit is true and correct to the best of my knowledge.

Signature: _____

Name in Print: _____

Title: _____

STATE OF _____

COUNTY OF _____

Subscribed and sworn to before me by _____

This _____ day of _____, 20_____.

Notary Public _____

My Commission expires on: _____ Notary ID No.: _____