



CONTROLLED SUBSTANCE TEST RELEASE AND AUTHORIZATION

TEKsystems (The "Company") maintains a drug-free work environment and may require you to submit to and pass a controlled substance test as a condition of employment and as a condition of continued employment potentially for this assignment with TEKsystems, Inc. Are you willing to submit to a controlled substance test under these guidelines?

Yes No

Contract Employee Initials: MR

I, MARK RICHMAN, have received and read a copy of The Company's Drug and Alcohol Policy. I have read this policy and have had the opportunity to ask questions. I agree to follow the policy and to accept the penalties, including among others, the penalty of immediate discharge for violating the policy. I understand that my compliance with this policy is a condition of my employment and continued employment. I hereby certify that I am not a current user of illegal drugs.

I hereby give my consent to and authorize The Company, and the testing laboratory designated by The Company, to perform the appropriate tests and procedures to identify the presence of controlled substances. I also give my permission for the results of the controlled substance test to be released to The Company and to The Company's clients requesting my services.

I understand that refusal to take a controlled substance test, provide a sufficient amount of specimen, attempts to adulterate the sample, or a positive test result for controlled substances will result in The Company denying my application for employment or immediately terminating my employment.

I hereby release and hold harmless The Company, its employees, agents, contractors, clients and any persons or other parties disclosing information from any and all liability whatsoever arising from this request for a controlled substance test, from the testing of the sample, and from decisions made concerning my application for or continuation of employment based upon the results of the controlled substance test. I hereby authorize that a photocopy of this authorization may be construed as an original. I also give my permission to The Company to release the results of the controlled substance test, in defense of any claim(s) brought forth in connection with the denial of my application for employment or the termination of my employment.

I acknowledge that The Company's Drug and Alcohol Policy is subject to change at any time without notice, and nothing contained herein shall alter or limit The Company's right to terminate my employment at any time, for any reason, without prior notice.

MARK A. RICHMAN

Printed Name (First, Middle, Last)

Signature

3/27/14

Date

TEKsystems Drug and Alcohol Use Policy and Procedure

Policy Statement

TEKsystems is committed to providing a safe work environment and to promoting and protecting the health, safety and well being of its employees, contractors, customers and clients. This commitment is jeopardized when an employee or contractor engages in the use, possession, sale, conveyance, distribution, or manufacture of illegal drugs, intoxicants, or controlled substances or abuses prescription drugs or alcohol. Substance abuse is a serious health problem and has a detrimental effect on TEKsystems, its customers and clients in terms of productivity, absenteeism, accidents, medical costs, theft and worker's compensation costs. In addition, TEKsystems will vigorously comply with all applicable laws, including the Drug Free Workplace Act of 1988 and applicable State laws. This policy covers all contract employees (full-time, part-time and temporary employees). Therefore, TEKsystems has established the following policy:

Policy

While on TEKsystems, client or customer premises and while conducting business-related activities of TEKsystems, client or customer premises, no contract or internal employee may use, possess, distribute, sell, convey, manufacture, or have a system (blood, sweat, hair, urine or saliva) presence of any illegal drugs. The legal use of prescribed drugs is permitted on the job only if it does not impair an employee's ability to perform the essential functions of the job effectively and safely. TEKsystems will follow the federal and applicable State guidelines in determining the definition of illegal drugs (including determinations regarding the use of medical marijuana).

Alcohol must not be consumed in a TEKsystems office or at a client or customer facility. Employees may not report to work, or return from lunch or other break periods under the influence of alcohol (defined as when the result of drinking any amount of alcohol impairs mental or physical faculties in such a way as to reduce the ability to act with ordinary care). A person shall be determined to be under the influence if the blood alcohol level is .04% or higher.

Stipulations

Violations of this policy may lead to disciplinary action, up to and including immediate termination of employment. Such violations may also have other legal consequences.

Drug and Alcohol Testing

Where permitted by law, TEKsystems reserves the right to require drug and alcohol tests of contract employees in the following situations:

- Post-offer; or
- Pre-employment; or
- Reasonable cause or suspicion; or
- Random; or
- Following an on the job accident which results in personal injury or property damage; or
- Pursuant to the policies of the client or customer.

A contract employee's failure to immediately comply with a request to submit to a reasonable cause or suspicion, post-accident or random substance test may result in immediate termination.

A contract employee's failure to comply within 48 hours with a request to submit to a post-offer, pre-employment substance test may result in the contract employee being temporarily ineligible for placement for 6 months.

All positive drug tests are confirmed in SAMHSA (Substance Abuse and Mental Health Service Administration) certified laboratories. All positive breath-alcohol tests are verified with a second confirmation test.

Any contract employee with a positive drug or alcohol test (regardless of reason for the test) is temporarily ineligible for placement for 6 months regardless of a client testing requirement. After 6 months, the contract employee must resubmit to another drug test before working for any Allegis Group company. The 6 month ineligibility period begins on the date the MRO (Medical Review Officer) validates the result, not the actual date the test was taken. There are no exceptions to this policy.

Medical Review Process

Upon receiving a presumptive positive result from the laboratory, the MRO will make three call attempts over a period of five days to the contract employee in an effort to determine if there is a valid medical explanation for the positive result. Should no contact be made with the contract employee within the five day timeframe, the result will be reported as positive. The contract employee has up to 60 days to provide an explanation and supporting information for the result. The MRO may change the result if appropriate following any discussion with the contract employee and review of supporting information.

Expiration of Drug Test

Drug tests are valid for 90 days or the life of the assignment, whichever is greater. Client requirement will supersede this when documented.

Reanalysis Requests

A contract employee has the right to request a specimen re-analysis in the event of a confirmed positive test result. Reanalysis requests for urine tests must be submitted within 72 hours of notification by the MRO to the contract employee of the positive result. Reanalysis requests for hair or oral fluid tests must be submitted within 24 hours of notification by the MRO to the contract employee of the positive result. The contract employee is responsible for the cost of the reanalysis. More information regarding this process can be found by contacting your Recruiter.

Cancelled Tests

In the event that a drug or alcohol test is canceled, the result is considered null, and is neither positive nor negative. A new specimen must be provided within 48 hours of notification to the contract employee of the retest. Certain reasons for cancellation will require that the retest be under direct observation by a same-sex collector. Instruction will be provided by the DER on how to proceed in the event of a cancelled test.

A specimen with a temperature of below 90 degrees or above 100 degrees is considered out of normal range and will be cancelled. The contract employee will be asked to remain at the clinic and provide a new sample under direct observation by a same-sex observer. Should the contract employee decline the second collection, this will be treated as a refusal.

Refusals to Test

Failure to appear for the test within the 48 hour timeframe, failure to remain at the testing site until the test process is complete, failure to provide the required specimen, failure to provide sufficient volume of specimen, failing to comply with re-testing following a cancelled test, or providing a specimen that has been adulterated will be treated as a refusal to test and the contract employee will be temporarily ineligible for 6 months.

The testing process starts once the contract employee has registered at the clinic. In the event that the contract employee is unable to provide a sufficient volume of specimen, shy bladder/lung procedures will be followed.

Negative Dilute/Negative Super Dilute/Positive Dilute Tests

Unless otherwise specified by a client requirement, a negative dilute result will be considered passing.

A negative super dilute result will require a retest within 48 hours of notification under direct observation by a same-sex observer.

A positive dilute result is considered a positive result and will make the contract employee temporarily ineligible for employment for 6 months.

Prescription Drug Use

Use of prescription medication must be as advised by a Physician. Prescription drugs will be confirmed with the pharmacy issuing them by the MRO.

Any confirmed positive test result due to use of an expired prescription drug not authorized by a Physician, or use of prescription medication prescribed to a spouse, child, parent or person other than contract employee will be treated as a positive test result making the contract employee temporarily ineligible for employment for 6 months.

Medical Marijuana

Due to state laws in Arizona, Rhode Island and Delaware, or any other States that pass similar laws, TEKsystems cannot prohibit the hiring of employees (external) if the drug screen result is positive due to medical marijuana and the employee has a state issued medical marijuana card from one of these States. Specific requirements in accordance with the laws in those states must be met, and all internal or contract employees impacted will be vetted in accordance with those requirements by the MRO and DER.

In all other states, TEKsystems abides by Federal law and applicable State laws.

Post-Accident Testing

A 5 panel instant drug test and breath-alcohol test are required anytime there is an on the job incident which results in personal injury or property damage. In the event that no medical treatment is sought, the testing requirement stands. There is no exception to this policy, regardless of how much time has passed since being notified of the incident or how minor the injury. The employee should not be suspended unless there is strong reason to believe that drugs and/or alcohol were factor in the accident. Employees are permitted to return to work pending results as long as a return to

duty release has been obtained. TEKsystems will comply with all applicable State laws in administering the 5 panel drug test after an accident.

Random Testing

Contract employees may be subject to random drug and/or alcohol testing pursuant to the policies of a client or customer. A contract employee failing to submit to the required drug and/or alcohol testing will be subject to termination.

Follow-Up Testing

Any follow-up testing requirement will be determined by the SAP (Substance Abuse Professional). There needs to be a minimum of at least one follow-up test with a negative test result prior to the employee returning to work.

For Cause-Reasonable Suspicion Testing

In the event of a for-cause/reasonable suspicion test, the contract employee will be sent for a 5 panel instant test, as well as a breath alcohol test. The contract employee's Supervisor should ensure that the contract employee arrives safely to the nearest clinic, and then subsequently home. The contract employee is to be suspended without pay pending result confirmation from the DER. Testing must occur within 8 hours from the point of the behavior or event triggering the test. Failure to comply with the testing request may result in immediate termination of the contract employee. TEKsystems will comply with all applicable State laws when administering the 5 panel drug test and in conducting reasonable suspicion testing generally.

Self-Identified Substance Abuse

An employee choosing to disclose a substance abuse problem should contact their Employee Relations Manager or HR Representative for assistance.

Background Check Subject Profile Form- ALL SECTIONS MUST BE COMPLETED

Section 1 - Criminal Record History

Applicant: Please complete only the section that applies to the state in which you are seeking employment. Note: A conviction record will not necessarily be a bar to employment.

<input checked="" type="checkbox"/> Applicant in all states EXCEPT California, Connecticut, Hawaii, Massachusetts, Washington	<p>Note: This question does not apply to convictions that have been sealed, expunged, pardoned, or otherwise exonerated or eradicated. A conviction record will not necessarily be a bar to employment.</p> <p>Have you been convicted of a felony and/or misdemeanor in the past 7 years? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>*If "YES," please provide the (1) name of the offense(s) and (2) the date of conviction(s) and (3) the city and state in which you were convicted and (4) your full name at the time of conviction.</p> <p>Name of Offense(s): Limit 240 Characters </p> <p>City, State: Limit 85 Characters </p> <p>Date of conviction(s): Limit 85 Characters </p> <p>Name: Limit 85 Characters </p>
<input type="checkbox"/> California Applicants Only	<p>When answering this question do not include: minor traffic violations; information regarding an arrest or detention that did not result in a conviction; information regarding referral to, and participation in, any pre-trial or post-trial diversion program; convictions for which the record has been judicially ordered, sealed or expunged; marijuana – related convictions described in California Labor Code 432.8 that are more than two years old from today's date; misdemeanor convictions for which probation has been successfully completed or discharged <u>and</u> that have been judicially dismissed pursuant to California Penal Code section 1203.4.</p> <p>Have you been convicted of a felony and/or misdemeanor in the past 7 years? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>*If "YES," please provide the (1) name of the offense(s) and (2) the date of conviction(s) and (3) the city and state in which you were convicted and (4) your full name at the time of conviction.</p> <p>Name of Offense(s): Limit 240 Characters </p> <p>City, State: Limit 85 Characters </p> <p>Date of conviction(s): Limit 85 Characters </p> <p>Name: Limit 85 Characters </p>
<input type="checkbox"/> Connecticut Applicants Only	<p>You are not required to disclose the existence of any arrest, criminal charge, or conviction, the records of which have been erased pursuant to Connecticut General Statutes Sections 46b-146, 54-76o or 54-142a. Criminal records subject to erasure pursuant to Connecticut General Statutes Sections 46b-146, 54-76o or 54-142a are records related to (a) determinations of "delinquency" or that, as a child, you were a member of a family with service needs, (b) a ruling you are a "youthful offender", (c) a criminal charge that has been dismissed or nolled; (d) a finding you were not guilty for a criminal charge, or (e) a conviction for which you have received an "absolute pardon". Any person whose criminal records have been erased pursuant to Connecticut General Statutes 46b-146, 54-76o or 54-142a shall be deemed to never have been arrested within the meaning of the general statutes with respect to the proceedings so erased and may so swear under oath.</p> <p>Have you been convicted of a felony and/or misdemeanor in the past 7 years? (A conviction will not necessarily be a bar to employment) <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>*If "YES," please provide the (1) name of the offense(s) and (2) the date of conviction(s) and (3) the city and state in which you were convicted and (4) your full name at the time of conviction.</p> <p><i>(continued on next page)</i></p>

	<p>Connecticut Applicants Only (Continued)</p> <p>Name of Offense(s): Limit 240 Characters</p> <p>City, State: Limit 85 Characters</p> <p>Date of conviction(s): Limit 85 Characters</p> <p>Name: Limit 85 Characters</p>
<input type="checkbox"/>	<p>Hawaii Applicants Only</p> <p>I understand that inquiry into and consideration of conviction records for prospective employees may take place only after my receiving of a conditional offer of employment, which may be withdrawn if I have a conviction that bears a rational relationship to the duties and responsibilities of the position. Any conviction that is more than 10 years old (excluding periods of incarceration) will not be considered. I understand that I will be given the opportunity to show that any period of incarceration was shorter than shown on the record.</p> <p>Have you been convicted of a felony and/or misdemeanor in the past 7 years? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>*If "YES," please provide the (1) name of the offense(s) and (2) the date of conviction(s) and (3) the city and state in which you were convicted and (4) your full name at the time of conviction.</p> <p>Name of Offense(s): Limit 240 Characters</p> <p>City, State: Limit 85 Characters</p> <p>Date of conviction(s): Limit 85 Characters</p> <p>Name: Limit 85 Characters</p>
<input type="checkbox"/>	<p>Massachusetts Applicants Only</p> <p>Please read. An applicant for employment with a sealed record on file with the commissioner of probation may answer "no record" with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. In addition, any applicant for employment may answer "no record" with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need for services, which did not result in a complaint transferred to the superior court for criminal prosecution.</p> <p>Have you been convicted of a felony in the past 7 years? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>*If "YES," please provide the (1) name of the offense(s) and (2) the date of conviction(s) and (3) the city and state in which you were convicted and (4) your full name at the time of conviction.</p> <p>Name of Offense(s): Limit 240 Characters</p> <p>City, State: Limit 85 Characters</p> <p>Date of conviction(s): Limit 85 Characters</p> <p>Name: Limit 85 Characters</p> <p>Have you been convicted of a misdemeanor in the past 5 years (other than a first conviction for any of the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace)? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>*If "YES," please provide the (1) name of the offense(s) and (2) the date of conviction(s) and (3) the city and state in which you were convicted and (4) your full name at the time of conviction.</p> <p><i>(continued on next page)</i></p>

**Massachusetts
Applicants Only
(Continued)**

Name of Offense(s): Limit 240 Characters

City, State: Limit 85 Characters

Date of conviction(s): Limit 85 Characters

Name: Limit 85 Characters

Within the past 5 years have you been convicted or completed a period of incarceration (whichever is later) for any misdemeanor (other than a first conviction) any of the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace)? YES NO

If "YES," please provide the (1) name of the offense(s) and (2) the date of conviction(s) and (3) the city and state in which you were convicted and (4) your full name at the time of conviction.

Name of Offense(s): Limit 240 Characters

City, State: Limit 85 Characters

Date of conviction(s): Limit 85 Characters

Name: Limit 85 Characters



**Washington
Applicants Only**

Have you been convicted of a felony and/or misdemeanor in the past 7 years that has not been expunged or sealed by the court? Note: You should answer "NO" if a conviction has been sealed, vacated, or expunged or otherwise statutorily eradicated. YES NO

If "YES," please provide the (1) name of the offense(s) and (2) the date of conviction(s) and (3) the city and state in which you were convicted and (4) your full name at the time of conviction.

Name of Offense(s): Limit 240 Characters

City, State: Limit 85 Characters

Date of conviction(s): Limit 85 Characters

Name: Limit 85 Characters

Section 2 – Profile Information

If completing manually please use boxes, if completing electronically use blue fields marked by 

Type or print your name exactly as it appears on your DRIVER'S LICENSE or STATE-ISSUED PHOTO ID

First	M A R K														
Middle	A D A M														
Last	R I C H M A N														

Suffix

 First: Middle: Last: Suffix:

Type or print ALL names exactly as they appear on ANY of your State or Federal-issued ID's (i.e. Passport, Birth Certificate, Social Security Card, etc.)

First															
Middle															
Last															

Suffix

First															
Middle															
Last															

Suffix

 First: Middle: Last: Suffix:

 First: Middle: Last: Suffix:

If you resided in Puerto Rico within the past 7 years, please type or print your mother's maiden name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Mother's Maiden Name:

If you resided in Puerto Rico within the past 7 years, please type or print your city and state of birth:

City															
State															

 City: State:

Other names used in the last 7 years (maiden name(s), legal name change, etc.):

First															
Middle															
Last															

Suffix

First															
Middle															
Last															

Suffix

 First: Middle: Last: Suffix:

 First: Middle: Last: Suffix:

Social Security Number:

Date of Birth (MM/DD/YYYY)*

5 9 1 - 7 8 - 2 3 0 6

1 2 / 0 7 / 1 9 7 3

 Social Security Number: - - Date of Birth (MM/DD/YYYY): / /

*This information is required to complete the background investigation process. It will only be used for purposes of conducting and completing the background investigation process and will not be utilized during any other part of the applicant process. UTAH Applicants – do not provide SSN, Date of Birth, or Drivers License Number until the Company has informed you that you have reached the stage where the Company is going to obtain a background report on you.

Driver's License #:

State:

R 2 5 5 5 4 1 7 3 4 4 7 0

FL

Driver's License #: State:

Current Address	Street	City	State	Zip Code	Apt.#
-----------------	--------	------	-------	----------	-------

1 2 0 3 5	N W 8 1 C T	P A R K L A N D	F L	3 3 0 7 6	
-----------	-------------	-----------------	-----	-----------	--

Street Address: City: State: Zip Code: Apt #:

Gender*:

Email Address: **

M mark@markrichman.com

Gender: Email:

Previous addresses of RESIDENCE for the past 7 years:

Current Address	Street	City	State	Zip Code	Apt.#	Dates yy-yy
-----------------	--------	------	-------	----------	-------	-------------

1 0 6 1 5	N W 8 3 C T	P A R K L A N D	F L	3 3 0 7 6	0 5 - 1 3
-----------	-------------	-----------------	-----	-----------	-----------

Street Address: City: State: Zip Code: Apt #: Dates yy-yy: -

Current Address	Street	City	State	Zip Code	Apt.#	Dates yy-yy
-----------------	--------	------	-------	----------	-------	-------------

						-
--	--	--	--	--	--	---

Street Address: City: State: Zip Code: Apt #: Dates yy-yy: -

Current Address	Street	City	State	Zip Code	Apt.#	Dates yy-yy
-----------------	--------	------	-------	----------	-------	-------------

						-
--	--	--	--	--	--	---

Street Address: City: State: Zip Code: Apt #: Dates yy-yy: -

Current Address	Street	City	State	Zip Code	Apt.#	Dates yy-yy
-----------------	--------	------	-------	----------	-------	-------------

						-
--	--	--	--	--	--	---

Street Address: City: State: Zip Code: Apt #: Dates yy-yy: -

Current Address	Street	City	State	Zip Code	Apt.#	Dates yy-yy
-----------------	--------	------	-------	----------	-------	-------------

						-
--	--	--	--	--	--	---

Street Address: City: State: Zip Code: Apt #: Dates yy-yy: -

Current Address	Street	City	State	Zip Code	Apt.#	Dates yy-yy
-----------------	--------	------	-------	----------	-------	-------------

						-
--	--	--	--	--	--	---

I certify the information contained on this Authorization/Release form is true and correct and that my application or employment will be terminated based on any false, omitted, or fraudulent information.

Signature:



Date:

3/27/14

*This information is required to complete the background investigation process. It will only be used for purposes of conducting and completing the background investigation process and will not be utilized during any other part of the applicant process. UTAH Applicants – do not provide SSN, Date of Birth, or Drivers License Number until the Company has informed you that you have reached the stage where the Company is going to obtain a background report on you.

**Important, time-sensitive information about your background check may be communicated to via the email address you provide. You should monitor this email address with frequency until you receive confirmation of employment.



Disclosure and Authorization to Obtain Consumer Reports and Investigative Consumer Reports

Disclosure of Intent to Obtain Consumer Reports or Investigative Consumer Reports

In accordance with the Fair Credit Reporting Act ("FCRA") and applicable law, TEKsystems, Inc. ("the Company") may obtain consumer reports, or investigative consumer reports, in connection with your employment application and throughout or during your employment, including any first assignment and any subsequent assignments, regardless of any gaps or terminations between assignments, referenced herein as ("Employment"). Consumer reports include record checks conducted by consumer reporting agencies and may include, but are not limited to employment and education verifications, personal references, driving history, criminal conviction record, credit history, and any other public record. Investigative consumer reports involve investigations conducted by consumer reporting agencies through personal interviews (or through *any* means in California) on information as to character, general reputation, personal characteristics, or mode of living.

You understand that employment by the Company is contingent upon successful, timely completion and evaluation of your Consumer Report and/or Investigative Consumer Report.

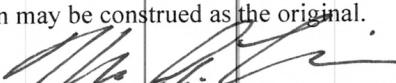
Disclosure of Nature and Scope of Investigation for Investigative Consumer Reports

If we request an investigative consumer report in connection with your Employment, a consumer reporting agency will prepare such a report based on the following investigation: The agency may interview former employers, business references, personal references, and/or others for information regarding prior employment, work experience and performance, reasons for employment termination, and information as to character, general reputation, personal characteristics, and/or mode of living. The agency may also conduct a records check of driving, criminal, credit, education, degrees, professional licenses, and/or certification records, depending on the job position and the state involved. Such a report will be obtained from the following consumer reporting agency: **Sterling Infosystems, Inc., 1 State Street Plaza, 24TH Floor, New York, NY 10004, 800-899-2272, <http://www.sterlinginfosystems.com/>.**

You may make a written request for a summary of FCRA consumer rights and a disclosure of the nature and scope of an investigation.

AUTHORIZATION

I authorize the Company to procure a consumer report and/or investigative consumer report as part of my Employment. My authorization shall remain effective and serve as continuing authorization during my Employment. I also authorize all government agencies, schools, and companies to provide my background information. If applicable, I further authorize the Company to disclose such reports to the Company's customer(s), where I may be assigned or am currently assigned. A photocopy of this Disclosure and Authorization may be construed as the original.

Signature: 

Date: 3/27/14

Print Name: MARK A. RICHMAN

California, Minnesota, and Oklahoma Applicants: If you wish to receive a free copy of any credit, consumer, or investigative consumer report obtained, please indicate by checking this box.

Massachusetts and New Jersey Applicants: You have the right to have a copy of the investigative consumer report upon request.

Minnesota Applicants: Minnesota applicants may make a written request to the consumer reporting agency for information on the nature and scope of a consumer report prepared.

New York Applicants: Upon your request, you will be informed whether or not a consumer report was requested, and if such a report was requested, the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of such report by contacting such agency.

Washington State Applicants: You have the right to request from the consumer reporting agency the written summary of rights of the consumer prepared under the Washington Fair Credit Reporting Act section RCW 19.182.080(7).

Depending on the job and state involved, the Company may obtain a credit report for the reason that the employment position involves access to certain sensitive financial information or to other assets.