



## Pascal Crisis Services, Inc.

Robert A. Pascal Youth & Family Services, Inc. • Pascal Crisis Stabilization Center  
1215 Annapolis Road, Suite 204, Odenton, MD 21113  
(410) 975-0067

---

---

### APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer- All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, nation origin, disability status, protected veteran status, or any other characteristic protected by law.

#### PERSONAL INFORMATION

*Incomplete information could disqualify you from further consideration. Please complete all fields.*

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Mobile Phone # \_\_\_\_\_

Are you eligible to work in the U.S? \_\_\_ Yes \_\_\_ No

Are you at least 18 years or older? (If no, you may be required to provide authorization to work)

\_\_\_ Yes \_\_\_ No

Do you have a criminal record? \_\_\_ Yes \_\_\_ No

If yes, please explain: \_\_\_\_\_

Have you ever been terminated from employment or asked to resign by an employer?

\_\_\_ Yes \_\_\_ No

If yes, please provide company names and details \_\_\_\_\_

Can you work any shift? \_\_\_ Yes \_\_\_ No

Can you work overtime, including weekends? \_\_\_ Yes \_\_\_ No

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? \_\_\_ Yes \_\_\_ No

#### EMPLOYMENT DESIRED

Date you can start \_\_\_\_\_ Hourly/Salary desired \_\_\_\_\_

Position desired \_\_\_\_\_ Full time/Part time desired \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If so, may we inquire of your present employer? \_\_\_\_\_

#### REFERRAL SOURCE

How did you hear about us? (Please Circle) Walk In Advertisement Referral  
Other \_\_\_\_\_

Have you ever worked for this company before? \_\_\_ Yes \_\_\_ No

If yes, explain \_\_\_\_\_

Do you know anyone who works for our company? \_\_\_ Yes \_\_\_ No If yes, who?

---

43 Community Place  
Crownsville, MD 21032  
(410) 571-4500

1226 Annapolis Road  
Odenton, MD 21113  
(410) 571-4500

1230 Annapolis Road  
Odenton, MD 21113  
(410) 874-1236

741 Annapolis Road  
Gambrills, MD 21054  
(410) 975-0067



## Pascal Crisis Services, Inc.

Robert A. Pascal Youth & Family Services, Inc. • Pascal Crisis Stabilization Center  
1215 Annapolis Road, Suite 204, Odenton, MD 21113  
(410) 975-0067

### EDUCATION

Name and location of school	No. of years attended	Degree received	Subjects Studied/Major
-----------------------------	-----------------------	-----------------	------------------------

High School:

College or University:

Trade, Business or

Correspondence School:

### EMPLOYMENT HISTORY

Please Include your most recent employment history, including periods of unemployment. You may write on the back if needed. *Incomplete information could disqualify you from further consideration.*

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Employer Name: \_\_\_\_\_

Contact #: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_

Immediate supervisor and title: \_\_\_\_\_

Summarize the nature of work performed and job responsibilities:

---

---

---

43 Community Place  
Crownsville, MD 21032  
(410) 571-4500

1226 Annapolis Road  
Odenton, MD 21113  
(410) 571-4500

1230 Annapolis Road  
Odenton, MD 21113  
(410) 874-1236

741 Annapolis Road  
Gambrills, MD 21054  
(410) 975-0067



## Pascal Crisis Services, Inc.

Robert A. Pascal Youth & Family Services, Inc. • Pascal Crisis Stabilization Center  
1215 Annapolis Road, Suite 204, Odenton, MD 21113  
(410) 975-0067

### EMPLOYEE INFORMATION SHEET

NAME: \_\_\_\_\_  
First Middle Last

ADDRESS: \_\_\_\_\_  
Street City State Zip Code

TELEPHONE: \_\_\_\_\_  
(HOME) (CELLULAR)

EMAIL: \_\_\_\_\_

### PERSONAL DATA

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ SOCIAL SECURITY # \_\_\_\_/\_\_\_\_/\_\_\_\_  
GENDER: \_\_\_\_ Male \_\_\_\_ Female

MARITAL STATUS: \_\_\_\_ Single \_\_\_\_ Married \_\_\_\_ Divorced \_\_\_\_ Separated  
\_\_\_\_ Domestic Partner \_\_\_\_ Widowed

RECOVERING:  Yes  No  
Length of Continuous Recovery (If in Recovery) \_\_\_\_\_

### BIOGRAPHICAL DATA

ETHNICITY: \_\_\_\_ African-American/Black \_\_\_\_ Alaskan Native/Native American \_\_\_\_  
Asian/ Pacific Islander \_\_\_\_ Hispanic \_\_\_\_ White \_\_\_\_ 2 or More Races \_\_\_\_ Other  
(Explain) \_\_\_\_\_

### EDUCATION

DEGREE: \_\_\_\_\_  
MAJOR: \_\_\_\_\_  
(HS, GED, AA, BA, BAS, MA, MHS, ETC.)

SCHOOL: \_\_\_\_\_ GRADUATED: \_\_\_\_ YES \_\_\_\_ NO  
YEAR: \_\_\_\_\_

License/Certifications: \_\_\_\_ No \_\_\_\_ Yes : License Type & Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

43 Community Place  
Crownsville, MD 21032  
(410) 571-4500

1226 Annapolis Road  
Odenton, MD 21113  
(410) 571-4500

1230 Annapolis Road  
Odenton, MD 21113  
(410) 874-1236

741 Annapolis Road  
Gambrills, MD 21054  
(410) 975-0067



## Pascal Crisis Services, Inc.

Robert A. Pascal Youth & Family Services, Inc. • Pascal Crisis Stabilization Center  
1215 Annapolis Road, Suite 204, Odenton, MD 21113  
(410) 975-0067

### E M E R G E N C Y C O N T A C T

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_

### M E D I C A L I N F O R M A T I O N

Primary Care Physician Name &  
Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Do you have any medical conditions that we should be made aware of in cases of emergency?

Yes    No (If yes, please explain)

\_\_\_\_\_

Do you have any Disabilities that require Accommodations?    Yes    No (If yes please explain)

\_\_\_\_\_

Relevant Medications or Assisted Devices:

\_\_\_\_\_

43 Community Place  
Crownsville, MD 21032  
(410) 571-4500

1226 Annapolis Road  
Odenton, MD 21113  
(410) 571-4500

1230 Annapolis Road  
Odenton, MD 21113  
(410) 874-1236

741 Annapolis Road  
Gambrills, MD 21054  
(410) 975-0067



## Pascal Crisis Services, Inc.

Robert A. Pascal Youth & Family Services, Inc. • Pascal Crisis Stabilization Center  
1215 Annapolis Road, Suite 204, Odenton, MD 21113  
(410) 975-0067

---

---

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### **Personal Contact Info:**

Home Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

### **Emergency Contact Info:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### **Medical Contact Info:**

Doctor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

43 Community Place  
Crownsville, MD 21032  
(410) 571-4500

1226 Annapolis Road  
Odenton, MD 21113  
(410) 571-4500

1230 Annapolis Road  
Odenton, MD 21113  
(410) 874-1236

741 Annapolis Road  
Gambrills, MD 21054  
(410) 975-0067



## Pascal Crisis Services, Inc.

Robert A. Pascal Youth & Family Services, Inc. • Pascal Crisis Stabilization Center  
1215 Annapolis Road, Suite 204, Odenton, MD 21113  
(410) 975-0067

# **PROFESSIONAL REFERENCE** **FORM**

PLEASE FILL OUT AND LIST TWO (2) PROFESSIONAL  
REFERENCES

**EMPLOYEE NAME:** \_\_\_\_\_

### ❖ **FIRST PROFESSIONAL REFERENCE:**

- NAME \_\_\_\_\_
- CONTACT INFORMATION \_\_\_\_\_
- YEARS KNOWN \_\_\_\_\_

### ❖ **SECOND PROFESSIONAL REFERENCE:**

- NAME \_\_\_\_\_
- CONTACT INFORMATION \_\_\_\_\_
- YEARS KNOWN \_\_\_\_\_



## Pascal Crisis Services, Inc.

Robert A. Pascal Youth & Family Services, Inc. • Pascal Crisis Stabilization Center  
1215 Annapolis Road, Suite 204, Odenton, MD 21113  
(410) 975-0067

### **Substance Use Policy**

Robert A. Pascal Youth & Family Services, Inc. D.B.A. Pascal Crisis Services, Inc. (herein referred to as “Pascal”) recognizes that no workplace is immune from the potential of being affected by substance misuse. As an organization dedicated to treatment of behavioral health and substance misuse, Pascal employees, contractors, and volunteers who misuse a prescribed or illegal substance seriously undermine Pascal’s mission and its effectiveness. Pascal adopts this Zero Tolerance drug workplace to establish and maintain a drug free workplace that shall:

- Be of such high standard that they serve as a model to other employers,
- Protect the safety, health and well-being of all its employees, contractors, and volunteers,
- Ensure its effectiveness,
- Comply with provisions of certain contracts or grants,
- Deter illicit drug, cannabis misuse and alcohol misuse off the job; and
- Identify employees, contractors, or volunteers who may have substance misuse problems and assist them in obtaining help on a strictly confidential basis.

#### **Applicability:**

Pascal’s commitment to a Zero Tolerance Policy is supported by the belief that no employee at any time should be under the influence of any illegal drug, alcoholic product or cannabis product during work hours. The Zero Tolerance Policy applies to all employees (full-time, part-time, PRN status, and employees hired for a specific period of time), independent contractors, subcontractors, and volunteers. All parties listed are herein referred to as “staff.”

This policy applies to the use of illegal drugs, abusing, illegally obtaining or illegally using prescription drugs; abusing over the counter medicines, and abusing alcohol; use of all drugs, including alcohol, cannabis (marijuana) or cannabis products shall be referred to in this Policy as "substance misuse."

#### **Definition of Substance Misuse:**

Substance misuse is defined as recurrent substance use resulting in a failure to fulfill major role obligations at work (i.e., repeated absences or poor work performance related to substance use); recurrent substance use in situations in which it is physically hazardous (i.e., driving a motor vehicle or operating a machine when impaired by substance misuse); recurrent substance misuse despite having persistent or recurrent work performance, social, or interpersonal problems caused by or exacerbated by the effects of the substance.

## **Prohibited Conduct:**

### **Illegal Drugs**

The use, sale, manufacturing, distribution or dispensing of illegal drugs by any staff at any time (whether on or off duty) is against Pascal policy and the party will be terminated.

### **Prescription Medication**

Whenever a staff member is legally prescribed medication, it is staff member's responsibility to ask the prescriber whether the medication, if taken as prescribed, is likely to affect the staff member's work performance in such a way that it would jeopardize safety, or substantially reduce the staff member's effectiveness. Any staff member who must use a legally prescribed medication or a legal, non-prescription medication that causes or might cause adverse side effects (drowsiness, impaired reflexes, or any other mood-altering side effects) during the workday must, before reporting to work, notify the staff member's immediate supervisor. All such medications should be secured in such a way as to ensure that no Pascal staff member has access.

Staff are required to inform their supervisor of the type of medication and the expected duration of its use. Documentation must be provided to their supervisor including proof of prescription and a letter from the prescriber stating that the medication will not interfere with the staff member's ability to perform their job duties and function at work. This is to be reviewed quarterly and updated as needed. If the drug use could cause harmful effects to the clients of Pascal, or the use of medication could affect the performance of the staff member; the supervisor may grant the employee sick leave.

If the Executive Director, Clinical Director, or Medical Director concur that the use of the prescribed medication is likely to negatively affect the staff member's work performance, attempts shall be made to accommodate the staff member with another position or modified job functions. If an accommodation cannot be made, the staff member shall be allowed to use any accumulated sick leave and/or Personal Time Office. The staff member may apply for and be given an unpaid leave of absence in accordance with the Family Medical Leave Act to complete the course of treatment, as applicable to their employment status.

If the staff member needs to take the prescribed medication for longer than three months or for an undetermined time and no other accommodation of the staff member's medical condition can reasonably be made, the staff member will be terminated due to being unable to perform the required job duties.

### **Over the Counter Medication**

The misuse of over-the-counter medication is against Pascal policy. Misuse is use that is contrary to the products labeling and is taken to alter the staff member's mood. It is a violation of this policy for a staff member to be at work or to be in a situation in which staff member is representing Pascal in any way while staff member is under the influence of any over the counter medication that has been misused.

### **Alcohol**

Staff are also prohibited from reporting for duty or remaining on duty with any alcohol in their system or with their person or clothing smelling of alcohol. Staff should not consume any alcohol eight hours prior to their shift for the safety of staff and clients.

Staff are further prohibited from consuming alcohol during working hours, including meal and break periods.



The prohibition on use shall apply to use within any time period in which alcohol would remain in the staff member system while staff member is at work or is representing Pascal.

Driving under the influence of alcohol or other mood-altering drugs by any staff member at any time (whether on or off duty) is against Pascal policy and is grounds for immediate removal of driving privileges.

**Cannabis (Marijuana)**

The illegal sale, manufacture, distribution or dispensing of cannabis (a/k/a marijuana) or cannabis products containing THC (collectively “cannabis”) by any staff member at any time (whether on or off duty) or driving under the influence of cannabis by any staff member at any time (whether on or off duty) is against Pascal policy. As cannabis is still illegal under the Federal Controlled Substances Act of 1970, any cannabis or cannabis products – medical or otherwise – are not permitted on-site or in agency vehicles.

Staff are also prohibited from reporting for duty or remaining on duty with any cannabis in their system, under the influence of cannabis or with their person or clothing smelling of cannabis. Staff members who are receiving treatment with medical cannabis under the care of an authorized provider must follow the same documentation guidelines outlined under the section “Prescription Medication,” and should not consume any cannabis eight hours prior to their shift for the safety of staff and clients. Staff are further prohibited from consuming cannabis (whether recreational or medical) during working hours, including meal and break periods.

Driving under the influence of cannabis (medical or otherwise) by any staff member at any time (whether on or off duty) is against Pascal policy and is grounds for immediate removal of driving privileges.

**Consequences for Violations of Substance Use Policy:**

Based on the presentation of credible information or evidence that this policy has been violated, the employee shall be immediately suspended and based on the severity of the employee’s job, violation circumstances, employee’s history and other relevant factors, the employee shall be suspended with or without pay pending the review of the case as outlined in this section and in an appeal. Any employee, if desired, will be referred to the appropriate drug testing, treatment, counseling or rehabilitation program as recommended by a substance misuse professional.

Any conviction during employment or while contracted with Pascal for any of the activities prohibited in this policy or the representation of credible evidence to the Executive Director and/or Clinical Director regarding any of the activities prohibited in this policy shall be considered reasonable grounds for believing that the policy has been violated. An employee shall be given an opportunity to present relevant information to the Executive Director and/or Clinical Director. After the employee has presented such information or evidence the Executive Director and/or Clinical Director shall determine whether this policy has been violated.

I have read the Substance Use Policy and understand its contents as it relates to employment and/or contract with Robert A. Pascal Youth & Family Services, Inc. D.B.A. Pascal Crisis Services, Inc.

Employee Name (printed): \_\_\_\_\_

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

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



## Pascal Crisis Services, Inc.

Robert A. Pascal Youth & Family Services, Inc. • Pascal Crisis Stabilization Center  
1215 Annapolis Road, Suite 204, Odenton, MD 21113  
(410) 975-0067

### Confidentiality Agreement – Robert A. Pascal Youth & Family Services

1. **The Parties.** This is an agreement between Robert A. Pascal Youth & Family Services and \_\_\_\_\_, “The Individual” concerning the confidentiality of information relating to the company and its clients. References in this agreement to “The Company” mean Robert A. Pascal Youth & Family Services and all subsidiaries, affiliated companies, associated companies and holding companies together with all and any successors in title and assignees of any of the above.

2. **Proposed Association of The Parties.** The Company wishes to employ or contract with, or to enter into discussions in anticipation of contracting with the individual. The compensation for his/her employment or contract will be not only for his/her services but also for the confidential manner in which his/her services will be performed.

3. **Recognition of A Compelling Need for Confidentiality.** The individual realizes that the company has a compelling need to maintain confidentiality, and further recognizes that its discussions with the Company for such employment or contract, will place The Individual in a position of special trust and confidence with access to confidential information concerning the Company and its operations.

4. **Consideration.** For the reasons explained above, The Individual, as a precondition to contract with the Company, and in partial consideration, agrees and covenants with the Company as follows.

5. **Agreement to Maintain Confidentiality.** The individual agrees that neither he/she nor anyone operating on his/her behalf will disclose or use, in any manner, any confidential or proprietary information or material concerning the Company, its clients, or its operations, unless:

1. Required to do so in order to conduct the business of the Company in its ordinary course, and the disclosure or use is only within the Company, or
2. Expressly authorized to do so by the Company in writing, or
3. Expressly ordered to do so by a court of law.

6. **Agreement to Return Confidential Materials.** The Individual further agrees, upon the ending of its contract with the Company, to deliver promptly to the Company all documentary and other materials relating to the Company, and all copies and electronic or photographic records thereof, within his/her custody or control or within the custody or control of anyone operating on his/her behalf that he/she or anyone operating on his/her behalf produced or obtained in the course of his/her employment or contract, or in the course of discussions with the Company in anticipation of his/her employment or contract.

7. **Agreement to Notify About A Request.** The individual further agrees that if any person or entity requests, subpoenas, or otherwise attempts to obtain confidential or proprietary information or material relating to the Company within his/her custody or control, or within the custody or control of anyone operating on his/her behalf, he/she

43 Community Place  
Crownsville, MD 21032  
(410) 571-4500

1226 Annapolis Road  
Odenton, MD 21113  
(410) 571-4500

1230 Annapolis Road  
Odenton, MD 21113  
(410) 874-1236

741 Annapolis Road  
Gambrills, MD 21054  
(410) 975-0067



## Pascal Crisis Services, Inc.

Robert A. Pascal Youth & Family Services, Inc. • Pascal Crisis Stabilization Center  
1215 Annapolis Road, Suite 204, Odenton, MD 21113  
(410) 975-0067

will notify the Company immediately and will cooperate fully in any legal action by the Company seeking protection against disclosure, on the understanding that the Company will bear the reasonable cost of attorney's fees and expenses incurred by him in connection with the action.

**8. Agreement to Assign Interest.** The individual further agrees to assign to the Company, and does hereby assign to the Company, all right, title, and interest in any royalty or remuneration, or anything else of value, that he/she or anyone operating on his/her behalf may acquire as a result of any disclosure or use of information or material in breach of this Agreement. This assignment does not limit any other remedy to which the company may be entitled.

**9. Explanation of Terms.** As used in this agreement:

The term "confidential or proprietary information or material" means all information or material that is not in the public domain and that is disclosed or otherwise made available by the Company to The Individual; or that comes to the attention of The Individual in the course of its contract with the Company, or in the course of discussions with the Company for such contract; or in the course of such discussions; and specifically includes, but is not limited to, information or material concerning:

1. The nature of discussions or other communications between he/she and the Company with regard to an employment or contract arrangement; and
2. The Company's organization; finances, financial structure, and financial condition; assets and liabilities; directors, officers, and employees; and stockholders, investors, financial backers, creditors, supporters, advisors, consultants, associates, contractors, agents, and representatives; and
3. The Company's operations, interests, and plans (including, among other matters, information material concerning business practices and procedures, competitive position; trade secrets, product concepts, designs, blueprints, plots, and drawings; research and test results; practical and theoretical knowledge and techniques; production capacity and equipment; product developmental plans; technical, manufacturing, marketing, distribution, and pricing approaches; materials sources and costs; land acquisition and development plans and costs, building acquisition and renovation plans and costs, and resale or other disposition plans and prices; financing plans, arrangements, and activities; and customers and clients); and
4. The Company's ability to provide protection, or its efforts to provide protection, against unlawful activities directed against the Company's assets or against its directors, officers, or employees.

The term "anyone operating on his/her behalf" means any person or entity subject to his/her supervision (including any associate, employee, contractor, agent, or representative of The Individual) who is not an employee of the Company and to whom The Individual provides access to confidential or proprietary information relating to the Company.

43 Community Place  
Crownsville, MD 21032  
(410) 571-4500

1226 Annapolis Road  
Odenton, MD 21113  
(410) 571-4500

1230 Annapolis Road  
Odenton, MD 21113  
(410) 874-1236

741 Annapolis Road  
Gambrills, MD 21054  
(410) 975-0067



## Pascal Crisis Services, Inc.

Robert A. Pascal Youth & Family Services, Inc. • Pascal Crisis Stabilization Center  
1215 Annapolis Road, Suite 204, Odenton, MD 21113  
(410) 975-0067

10. **Effect of Breach.** The individual realizes that a breach of this Agreement would cause substantial harm to the operations, business and goodwill of the Company.

11. **Remedies.** The individual acknowledges that he/she has been informed that if he/she breaches this Agreement, the Company, in addition to terminating The Individual's employment or contract and taking other actions available to it, may obtain preliminary and permanent court injunctions to stop the breach, and may also sue to recover from The Individual an amount equal to the damages caused by the breach, and the revenues he/she or anyone operating on his/her behalf derived from the breach, together with all costs and expenses, including attorney fees, incurred by the Company in taking such actions. If the Company formally initiates the legal action but its unsuccessful in obtaining legal relief for an alleged breach of this Agreement by The Individual, then The Individual shall be entitled to recover costs and expenses incurred in the defense of such action, including his/her reasonable attorney's fees.

12. **Effect of Waiver.** The parties agree that the waiver by either party of a breach of this Agreement does not constitute a waiver of any prior or subsequent breach.

13. **Entire Agreement.** This agreement relating to confidentiality contains the entire agreement between the parties concerning the subject matter hereof and supersedes all previous agreements, understandings, whether oral or in writing, between the Company and The Individual with respect hereto.

14. **Seal.** The parties acknowledge that this document has been duly executed by all parties under seal.

I have read this document, and I understand and agree to abide by its provisions.

\_\_\_\_\_  
Employee Signature/Date

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

\_\_\_\_\_  
Supervisor Signature/Date

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

43 Community Place  
Crownsville, MD 21032  
(410) 571-4500

1226 Annapolis Road  
Odenton, MD 21113  
(410) 571-4500

1230 Annapolis Road  
Odenton, MD 21113  
(410) 874-1236

741 Annapolis Road  
Gambrills, MD 21054  
(410) 975-0067



## Pascal Crisis Services, Inc.

Robert A. Pascal Youth & Family Services, Inc. • Pascal Crisis Stabilization Center  
1215 Annapolis Road, Suite 204, Odenton, MD 21113  
(410) 975-0067

### **RECEIPT OF EMPLOYEE HANDBOOK AND EMPLOYMENT-AT-WILL STATEMENT**

This is to acknowledge that I have received a copy of the Robert A. Pascal Youth & Family Services, Inc. Employee Handbook, and that it contains information about the employment policies and practices of the agency. I agree to read and comply with the policies contained in this handbook and any revisions made to it.

I understand that the policies outlined in this Employee Handbook are management guidelines only, which in a developing business will require changes from time to time. I understand that the agency retains the right to make decisions involving employment as needed in order to conduct its work in a manner that is beneficial to the employees and the agency. I understand that this Employee Handbook supersedes and replaces all prior Employee Handbooks and any inconsistent oral or written policy statements.

I understand that except for the policy of at-will employment, which can only be changed by the Executive Director of the agency in a signed written contract, the agency reserves the right to revise, delete, and add to the provisions of this Employee Handbook at any time without further notice. All such revisions, deletions or additions to the Employee Handbook will be in writing and will be approved by the Executive Director of the agency. I understand that no oral statements or representations can change the provisions of this Employee Handbook.

I understand that this Employee Handbook is not intended to create contractual obligations with respect to any matters it covers, and that the Employee Handbook does not create a contract guaranteeing that I will be employed for any specific time period.

Robert A. Pascal Youth & Family Services, Inc. is an at-will employer. This means that regardless of any provision in this Employee Handbook, the agency may terminate the employment relationship at any time, for any reason, with or without cause or notice. Nothing in this Employee Handbook, or in any document or statement, written or oral, shall limit the right to terminate employment at-will. No officer, employee or representative of the agency is authorized to enter into an agreement—expressed or implied—with me, or any employee for employment for a specified period of time unless such an agreement is in a written contract signed by the Executive Director of the agency.

I understand that this Employee Handbook refers to current benefit plans maintained by the agency and that I must refer to the actual plan documents and Summary Plan Descriptions as these documents are controlling.

I also understand that if a written contract is inconsistent with the Employee Handbook, the written contract is controlling.

If I have questions regarding the content or interpretation of this Employee Handbook, I will ask Human Resources or a member of Pascal Management.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Name (Print)

43 Community Place  
Crownsville, MD 21032  
(410) 571-4500

1226 Annapolis Road  
Odenton, MD 21113  
(410) 571-4500

1230 Annapolis Road  
Odenton, MD 21113  
(410) 874-1236

741 Annapolis Road  
Gambrills, MD 21054  
(410) 975-0067

# Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

### Step 1: Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number
Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately		
<input type="checkbox"/> Married filing jointly or Qualifying surviving spouse		
<input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, other details, and privacy.

### Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

- (a) Reserved for future use.
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

**TIP:** If you have self-employment income, see page 2.

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

<b>Step 3: Claim Dependent and Other Credits</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 \$ _____		
	Multiply the number of other dependents by \$500 . . . . . \$ _____		
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . .	<b>3</b>	\$ _____
<b>Step 4 (optional): Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b>	\$ _____
	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	<b>4(b)</b>	\$ _____
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$ _____

<b>Step 5: Sign Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	Employee's signature (This form is not valid unless you sign it.)		Date

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)

## General Instructions

Section references are to the Internal Revenue Code.

### Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

### Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

**Exemption from withholding.** You may claim exemption from withholding for 2023 if you meet both of the following conditions: you had no federal income tax liability in 2022 **and** you expect to have no federal income tax liability in 2023. You had no federal income tax liability in 2022 if (1) your total tax on line 24 on your 2022 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2023 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2024.

**Your privacy.** If you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c).

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay income and self-employment taxes through withholding from your wages, you should enter the self-employment income on Step 4(a). Then compute your self-employment tax, divide that tax by the number of pay periods remaining in the year, and include that resulting amount per pay period on Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your self-employment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if the sum of self-employment income multiplied by 0.9235 and wages exceeds \$160,200 for a given individual.

**Nonresident alien.** If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

## Specific Instructions

**Step 1(c).** Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

**Step 2.** Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

If you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



**Multiple jobs.** Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

**Step 3.** This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

### Step 4 (optional).

**Step 4(a).** Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2023 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

**Step 4(c).** Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.



Step 2(b) – Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b
c Add the amounts from lines 2a and 2b and enter the result on line 2c
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld)

Step 4(b) – Deductions Worksheet (Keep for your records.)



- 1 Enter an estimate of your 2023 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income
2 Enter: { \$27,700 if you're married filing jointly or a qualifying surviving spouse; \$20,800 if you're head of household; \$13,850 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

**Married Filing Jointly or Qualifying Surviving Spouse**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$850	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870
\$10,000 - 19,999	0	930	1,850	2,000	2,200	2,220	2,220	2,220	2,220	2,220	3,200	4,070
\$20,000 - 29,999	850	1,850	2,920	3,120	3,320	3,340	3,340	3,340	3,340	4,320	5,320	6,190
\$30,000 - 39,999	850	2,000	3,120	3,320	3,520	3,540	3,540	3,540	4,520	5,520	6,520	7,390
\$40,000 - 49,999	1,000	2,200	3,320	3,520	3,720	3,740	3,740	4,720	5,720	6,720	7,720	8,590
\$50,000 - 59,999	1,020	2,220	3,340	3,540	3,740	3,760	4,750	5,750	6,750	7,750	8,750	9,610
\$60,000 - 69,999	1,020	2,220	3,340	3,540	3,740	4,750	5,750	6,750	7,750	8,750	9,750	10,610
\$70,000 - 79,999	1,020	2,220	3,340	3,540	4,720	5,750	6,750	7,750	8,750	9,750	10,750	11,610
\$80,000 - 99,999	1,020	2,220	4,170	5,370	6,570	7,600	8,600	9,600	10,600	11,600	12,600	13,460
\$100,000 - 149,999	1,870	4,070	6,190	7,390	8,590	9,610	10,610	11,660	12,860	14,060	15,260	16,330
\$150,000 - 239,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$240,000 - 259,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$260,000 - 279,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	18,140
\$280,000 - 299,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,870	17,870	19,740
\$300,000 - 319,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,470	15,470	17,470	19,470	21,340
\$320,000 - 364,999	2,040	4,440	6,760	8,550	10,750	12,770	14,770	16,770	18,770	20,770	22,770	24,640
\$365,000 - 524,999	2,970	6,470	9,890	12,390	14,890	17,220	19,520	21,820	24,120	26,420	28,720	30,880
\$525,000 and over	3,140	6,840	10,460	13,160	15,860	18,390	20,890	23,390	25,890	28,390	30,890	33,250

**Single or Married Filing Separately**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$310	\$890	\$1,020	\$1,020	\$1,020	\$1,860	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040
\$10,000 - 19,999	890	1,630	1,750	1,750	2,600	3,600	3,600	3,600	3,600	3,760	3,960	3,970
\$20,000 - 29,999	1,020	1,750	1,880	2,720	3,720	4,720	4,730	4,730	4,890	5,090	5,290	5,300
\$30,000 - 39,999	1,020	1,750	2,720	3,720	4,720	5,720	5,730	5,890	6,090	6,290	6,490	6,500
\$40,000 - 59,999	1,710	3,450	4,570	5,570	6,570	7,700	7,910	8,110	8,310	8,510	8,710	8,720
\$60,000 - 79,999	1,870	3,600	4,730	5,860	7,060	8,260	8,460	8,660	8,860	9,060	9,260	9,280
\$80,000 - 99,999	1,870	3,730	5,060	6,260	7,460	8,660	8,860	9,060	9,260	9,460	10,430	11,240
\$100,000 - 124,999	2,040	3,970	5,300	6,500	7,700	8,900	9,110	9,610	10,610	11,610	12,610	13,430
\$125,000 - 149,999	2,040	3,970	5,300	6,500	7,700	9,610	10,610	11,610	12,610	13,610	14,900	16,020
\$150,000 - 174,999	2,040	3,970	5,610	7,610	9,610	11,610	12,610	13,750	15,050	16,350	17,650	18,770
\$175,000 - 199,999	2,720	5,450	7,580	9,580	11,580	13,870	15,180	16,480	17,780	19,080	20,380	21,490
\$200,000 - 249,999	2,900	5,930	8,360	10,660	12,960	15,260	16,570	17,870	19,170	20,470	21,770	22,880
\$250,000 - 399,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$400,000 - 449,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$450,000 and over	3,140	6,380	9,010	11,510	14,010	16,510	18,010	19,510	21,010	22,510	24,010	25,330

**Head of Household**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$620	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,650	\$1,870	\$1,870	\$1,890	\$2,040
\$10,000 - 19,999	620	1,630	2,060	2,220	2,220	2,220	2,850	3,850	4,070	4,090	4,290	4,440
\$20,000 - 29,999	860	2,060	2,490	2,650	2,650	3,280	4,280	5,280	5,520	5,720	5,920	6,070
\$30,000 - 39,999	1,020	2,220	2,650	2,810	3,440	4,440	5,440	6,460	6,880	7,080	7,280	7,430
\$40,000 - 59,999	1,020	2,220	3,130	4,290	5,290	6,290	7,480	8,680	9,100	9,300	9,500	9,650
\$60,000 - 79,999	1,500	3,700	5,130	6,290	7,480	8,680	9,880	11,080	11,500	11,700	11,900	12,050
\$80,000 - 99,999	1,870	4,070	5,690	7,050	8,250	9,450	10,650	11,850	12,260	12,460	12,870	13,820
\$100,000 - 124,999	2,040	4,440	6,070	7,430	8,630	9,830	11,030	12,230	13,190	14,190	15,190	16,150
\$125,000 - 149,999	2,040	4,440	6,070	7,430	8,630	9,980	11,980	13,980	15,190	16,190	17,270	18,530
\$150,000 - 174,999	2,040	4,440	6,070	7,980	9,980	11,980	13,980	15,980	17,420	18,720	20,020	21,280
\$175,000 - 199,999	2,190	5,390	7,820	9,980	11,980	14,060	16,360	18,660	20,170	21,470	22,770	24,030
\$200,000 - 249,999	2,720	6,190	8,920	11,380	13,680	15,980	18,280	20,580	22,090	23,390	24,690	25,950
\$250,000 - 449,999	2,970	6,470	9,200	11,660	13,960	16,260	18,560	20,860	22,380	23,680	24,980	26,230
\$450,000 and over	3,140	6,840	9,770	12,430	14,930	17,430	19,930	22,430	24,150	25,650	27,150	28,600



## Pascal Crisis Services, Inc.

Robert A. Pascal Youth & Family Services, Inc. • Pascal Crisis Stabilization Center  
1215 Annapolis Road, Suite 204, Odenton, MD 21113  
(410) 975-0067

### Direct Deposit Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**ATTACH VOIDED CHECK HERE IF APPLICABLE**

Name of Bank: \_\_\_\_\_

Account #: \_\_\_\_\_

9 Digit Routing #: \_\_\_\_\_

Type of Account (Circle):      Checking                      Savings

I hereby authorize Robert A. Pascal Youth & Family Services, Inc. to deposit my pay to the account listed above. This will remain in effect until I modify or cancel it in writing.

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

43 Community Place  
Crownsville, MD 21032  
(410) 571-4500

1226 Annapolis Road  
Odenton, MD 21113  
(410) 571-4500

1230 Annapolis Road  
Odenton, MD 21113  
(410) 874-1236

741 Annapolis Road  
Gambrills, MD 21054  
(410) 975-0067