

A-1 CONTRACT STAFFING

3829 COCONUT PALM DRIVE
TAMPA, FL 33619
(813) 620-1661

Worksite Employer (Client): _____

Work Location: _____ Work State: _____

NOTE: ***45 day notice required for new Location/State***

NEW EMPLOYEE PACKET

Please complete this packet only **AFTER** you have accepted an offer of employment with your Worksite Employer.

Welcome to A-1 Contract Staffing! Your Worksite Employer has entered into a relationship with A-1 to provide certain administrative services which typically include: preparation of your paycheck, management of work-related injuries or illnesses via our workers' compensation program, human resources support services and offer certain optional benefits. Your Worksite Employer will continue to have day-to-day direction and control of your employment. Your policies, procedures, pay rate, hours of work and employment practices will remain the responsibility of your Worksite Employer/Company.

Employee Instructions: Complete all items marked in YELLOW, sign and promptly return to your Worksite Supervisor.

Worksite Employer (Client) Instructions:

- 1) Complete all items marked in BLUE: Page 1; Page 3 - Section 2 "Employer Review and Verification;" and note on Page 8;
- 2) Verify employee has completed packet, including signatures on all forms and acknowledgments; and
- 3) Fax pages 1-8 (front side only) to your Payroll Service Team; and
- 4) Keep the original New Employee Packet for your records. Note: pages 3, 7 and 8 should be kept separate from personnel file.

EMPLOYEE PERSONAL INFORMATION

Please **PRINT** your name exactly as shown on your Social Security Card:

First Name: _____ Middle Initial: _____ Last Name: _____

Social Security Number (SSN): _____ Date of Birth: ____/____/____

Gender: Male Female Marital Status: Single Married

Home Street Address: _____ Apt/Bldg#: _____

City: _____ State: _____ Zip: _____ County: _____

Email Address: _____ School Dist.: _____ Township: _____

Phone Numbers: Home: (____) _____ Work: (____) _____

Cell (optional): (____) _____

Emergency Contact: _____ Relationship: _____ Phone #: (____) _____

WORKSITE EMPLOYER (CLIENT) ONLY

Employee Date of Hire with Client: ____/____/____ A-1 Start Date: ____/____/____

Job Title: _____ W/C Code: _____ Department: _____ Project: _____

Pay Type: Hourly Salaried Commission Tipped Classification: Non-Exempt Exempt

Status*: Full Time Part Time Seasonal Temporary

(*You are responsible for immediately notifying A-1 of changes in employee status.)

Pay Cycle: Weekly Bi-Weekly Semi-Monthly Monthly

Scheduled Hours _____ Rate of Pay: Standard Rate Rate \$ _____ Per _____

Per Week: _____ Secondary Rate Rate \$ _____ Per _____

Other: _____ Rate \$ _____ Per _____

PTO/Accrual Class/Code: _____ Benefits Class Code (i.e. ABC01)*: _____
(*Required if benefits are administered by A-1)

Authorized Signature: _____ Title: _____ Date: _____

Form W-4 (2010)

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 2010 expires February 16, 2011. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on his or her tax return.

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 may 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. 919, How Do I Adjust My Tax Withholding, 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. 919 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. 919 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. 919 to see how the amount you are having withheld compares to your projected total tax for 2010. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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 \$1,800 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 \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children.
 • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" **additional** if you have six or more eligible children. **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 have **more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$18,000 (\$32,000 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.

----- Cut 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		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2010
1 Type or print 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		
7 I claim exemption from withholding for 2010, 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 (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.) A-1 Contract Staffing, 3829 Coconut Palm Drive, Tampa, FL 33619		9 Office code (optional)	10 Employer identification number (EIN)	

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

- 1 Enter an estimate of your 2010 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions 1 \$ _____
- 2 Enter: $\left\{ \begin{array}{l} \$11,400 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,400 \text{ if head of household} \\ \$5,700 \text{ if single or married filing separately} \end{array} \right\}$ 2 \$ _____
- 3 **Subtract** line 2 from line 1. If zero or less, enter "-0-" 3 \$ _____
- 4 Enter an estimate of your 2010 adjustments to income and any additional standard deduction. (Pub. 919) 4 \$ _____
- 5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 6* in Pub. 919.) 5 \$ _____
- 6 Enter an estimate of your 2010 nonwage income (such as dividends or interest) 6 \$ _____
- 7 **Subtract** line 6 from line 5. If zero or less, enter "-0-" 7 \$ _____
- 8 **Divide** the amount on line 7 by \$3,650 and enter the result here. Drop any fraction 8 _____
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 9 _____
- 10 **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 10 _____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1 _____
- 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3." 2 _____
- 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet 3 _____

Note. If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4-9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

- 4 Enter the number from line 2 of this worksheet 4 _____
- 5 Enter the number from line 1 of this worksheet 5 _____
- 6 **Subtract** line 5 from line 4 6 _____
- 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ _____
- 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____
- 9 Divide line 8 by the number of pay periods remaining in 2010. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2009. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ _____

Table 1				Table 2			
Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are--	Enter on line 2 above	If wages from LOWEST paying job are--	Enter on line 2 above	If wages from HIGHEST paying job are--	Enter on line 7 above	If wages from HIGHEST paying job are--	Enter on line 7 above
\$0 - \$7,000 -	0	\$0 - \$6,000 -	0	\$0 - \$65,000	\$550	\$0 - \$35,000	\$550
7,001 - 10,000 -	1	6,001 - 12,000 -	1	65,001 - 120,000	910	35,001 - 90,000	910
10,001 - 16,000 -	2	12,001 - 19,000 -	2	120,001 - 185,000	1,020	90,001 - 165,000	1,020
16,001 - 22,000 -	3	19,001 - 26,000 -	3	185,001 - 330,000	1,200	165,001 - 370,000	1,200
22,001 - 27,000 -	4	26,001 - 35,000 -	4	330,001 and over	1,280	370,001 and over	1,280
27,001 - 35,000 -	5	35,001 - 50,000 -	5				
35,001 - 44,000 -	6	50,001 - 65,000 -	6				
44,001 - 50,000 -	7	65,001 - 80,000 -	7				
50,001 - 55,000 -	8	80,001 - 90,000 -	8				
55,001 - 65,000 -	9	90,001 - 120,000 -	9				
65,001 - 72,000 -	10	120,001 and over	10				
72,001 - 85,000 -	11						
85,001 - 105,000 -	12						
105,001 - 115,000 -	13						
115,001 - 130,000 -	14						
130,001 - and over	15						

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 who claims no withholding allowances; 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 possessions for use in administering their tax laws, and using it 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.

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 documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

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 #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature	Date (month/day/year)
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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.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____ Document #: _____ Expiration Date (if any): _____

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 (month/day/year)
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

Documents that Establish Both
Identity and Employment
Authorization

LIST B

Documents that Establish
Identity

LIST C

Documents that Establish
Employment Authorization

OR

AND

1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
	4. Voter's registration card	
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	5. U.S. Military card or draft record	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
	6. Military dependent's ID card	
	7. U.S. Coast Guard Merchant Mariner Card	5. Native American tribal document
	8. Native American tribal document	6. U.S. Citizen ID Card (Form I-197)
	9. Driver's license issued by a Canadian government authority	
For persons under age 18 who are unable to present a document listed above:		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	10. School record or report card	8. Employment authorization document issued by the Department of Homeland Security
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

Employment: I understand that my Worksite Employer ("Employer") has entered into a Client Service Agreement with A-1 Contract Staffing or an affiliated company ("A-1 Contract Staffing") whereby A-1 Contract Staffing has agreed to provide certain specifically identified employment related services for me and my Employer. I understand that my Employer will still manage, direct and control my day-to-day activities, and that I remain an at-will employee. Employment is considered to be on a trial/probationary basis for the first ninety (90) days after hiring.

Acknowledgment/Disclaimer of Employment Status: I understand I will not be considered a A-1 Contract Staffing employee for any purpose until a completed New Employee Packet and required paperwork is fully completed and received by A-1 Contract Staffing.

Wages: I acknowledge that my Employer is responsible for paying my wages. In the event my Employer does not pay A-1 Contract Staffing for services provided by me to my Employer for any particular pay period, A-1 Contract Staffing may terminate the agreement with Employer, with no further obligations to me or my Employer. If the agreement with my Employer remains in place, A-1 Contract Staffing may terminate my employment with no further obligations, or may elect to pay me for such pay period no more than the then-current minimum wage rate and my applicable overtime pay based on such minimum wage rate or the minimum salary for that pay period, as permitted by law. I understand that my Employer remains ultimately obligated to me for any unpaid wages I may be due. In the event that my Employer files a petition in bankruptcy at a time when monies are due to A-1 Contract Staffing from my Employer for wages paid to me, I hereby assign A-1 Contract Staffing any and all rights I have to assert a priority wage claim in the bankruptcy proceeding. I also authorize A-1 Contract Staffing and its affiliates to initiate any adjustments on future wages for any entries made in error.

Unemployment: I hereby agree to notify A-1 Contract Staffing in the event I resign or am terminated by my Employer, regardless of the reason.

Safety/Injuries: I agree to immediately report to A-1 Contract Staffing and my Employer any accidents or injuries I suffer while working or while on my Employer's premises. I further agree to follow all safety rules and regulations established by either A-1 Contract Staffing or my Employer and realize that failure to do so may alter any workers' compensation benefits provided to me.

Drug Testing: I understand that A-1 Contract Staffing or my Employer may now have, or may establish, a drug-free workplace or a drug and/or alcohol testing program consistent with applicable federal, state, or local law. I understand that, pursuant to the Employer's policy and federal, state, or local law, I may, as a condition of hire or continued employment, be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or controlled drugs. I also understand that I may be subject to an alcohol and/or drug test before any treatment of a work-related accident or injury. I understand that refusal to submit to an alcohol and/or drug test may be considered a positive test result and/or grounds for termination.

Background Check: I understand that all information contained in this employee packet is subject to verification. In the event my Employer requires a complete background and/or credit check, I authorize and consent, to the extent permitted by federal, state and local law, to allow my Employer, A-1 Contract Staffing, or their respective agent(s) to obtain information including, but not limited to, motor vehicle reports (driving records), credit history, employment or educational references, criminal history, and any other information concerning me.

Authorization Release: I hereby authorize any party or agency contacted by my Employer, A-1 Contract Staffing, or their respective agent(s) to furnish information requested. I understand that I may be required to complete additional releases authorizing my Employer or its agent(s) to investigate all statements contained in this or any other employment related documents. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, my Employer, A-1 Contract Staffing, their respective agent(s), and any party delivering information to them pursuant to this authorization from any liabilities, claims, charges, or causes of action that I may have as a result of the gathering, delivery or disclosure of any requested information.

Part-Time Employees Only (Initial if Applicable): I understand and acknowledge that my employment status with my Employer will be "Part-Time" and/or "On-Call," and there will be no guarantee of how many hours I will be assigned and/or work in any given workweek.

Employee Certification

I hereby certify that all information contained in this employee packet or in any other application, résumé, or document provided to my Employer or A-1 Contract Staffing is true, accurate and complete, and is provided knowingly and voluntarily. I understand that providing any false, inaccurate or incomplete information may result in disciplinary action, up to and including termination of my employment.

Employee Printed Name: _____ SSN: _____

Employee Signature: _____ Date: _____

(1) I have received my copy of the Employee Handbook (the "Handbook") for A-1 and my worksite employer.

I understand and agree that it is my responsibility to read and familiarize myself with the policies and procedures contained in the Handbook. I understand that violations of the policies in this Handbook may result in disciplinary action, up to and including termination of employment.

(2) I UNDERSTAND THAT THE HANDBOOK IS NOT AN EMPLOYMENT CONTRACT, BUT SERVES AS A GUIDELINE ONLY. I UNDERSTAND THAT UNLESS I HAVE A WRITTEN EMPLOYMENT CONTRACT WITH MY WORKSITE EMPLOYER (SUCH EMPLOYMENT CONTRACTS ARE NOT BINDING ON A-1) PROVIDING OTHERWISE, MY RELATIONSHIP WITH THE COMPANY IS "AT-WILL" AND MAY BE TERMINATED AT ANY TIME BY EITHER ME OR THE COMPANY, WITH OR WITHOUT PRIOR NOTICE OR WARNING, AND WITH OR WITHOUT CAUSE OR REASON. I UNDERSTAND THAT NOTHING IN THE HANDBOOK SHALL LIMIT MY RIGHT OR THE COMPANY'S DISCRETIONARY RIGHT TO TERMINATE MY EMPLOYMENT. I UNDERSTAND THAT NO MANAGER, SUPERVISOR, OR EMPLOYEE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY ORAL AGREEMENT PROVIDING OTHERWISE.

I UNDERSTAND THAT THE COMPANY IS A GROWING AND CHANGING ORGANIZATION AND THAT THE COMPANY HAS THE RIGHT TO ADD TO, MODIFY OR DELETE PROVISIONS OF THE POLICIES AND PROCEDURES, AT ANY TIME WITHOUT ADVANCE NOTICE. I UNDERSTAND THAT NO ORAL STATEMENTS OR ORAL REPRESENTATIONS CAN IN ANY WAY CHANGE OR ALTER THE PROVISIONS OF THE HANDBOOK. I UNDERSTAND THAT THE INFORMATION CONTAINED IN THE HANDBOOK IS STRICTLY CONFIDENTIAL, AND I AGREE NOT TO DISCLOSE IT TO ANYONE NOT EMPLOYED BY THE COMPANY.

(3) I understand that this Handbook supersedes all other or prior employee handbooks.

Employee Printed Name

Social Security Number

Employee Signature

Date

Worksite Employer Name



**Personal Health History Questionnaire
Post Employment Offer**

Applicable state and federal laws prohibit discrimination based on disability or prior filing of a claim for workers' compensation or taking medical leave to which you were entitled. This personal health history questionnaire will be maintained in a file separate from your employment file. Any false statements, misrepresentations, or concealments to secure employment are sufficient grounds for dismissal.

Circle **YES** or **NO** if you have now, or if you are being treated now by a health care provider, OR if you have had in the past, or have been treated in the past by a health care provider, for any of the following. Please **provide the details of any "YES" answer**, including the duration of the condition, dates of treatment, work restrictions or impairment level (if any), and outcome. Please use additional sheets of paper if necessary to fully answer each question.

YES	NO	1.	Convulsions / Epilepsy	DETAILS:
YES	NO	2.	Diabetes	DETAILS:
YES	NO	3.	Heart Disease / Attack	DETAILS:
YES	NO	4.	Cerebral Palsy	DETAILS:
YES	NO	5.	Arthritis / Rheumatism	DETAILS:
YES	NO	6.	Amputation – any Body Part	DETAILS:
YES	NO	7.	Multiple Sclerosis	DETAILS:
YES	NO	8.	Parkinson's Disease	DETAILS:
YES	NO	9.	High Blood Pressure	DETAILS:
YES	NO	10.	Blood Disorder	DETAILS:
YES	NO	11.	Bone / Joint Problem or Injury	DETAILS:
YES	NO	12.	Back Aches	DETAILS:
YES	NO	13.	Head Injury	DETAILS:
YES	NO	14.	Frequent Headaches	DETAILS:
YES	NO	15.	Eye Injury – either Eye	DETAILS:
YES	NO	16.	Dizziness / Fainting Spells	DETAILS:
YES	NO	17.	Weakness – any Part of Body	DETAILS:
YES	NO	18.	Chest Pain	DETAILS:
YES	NO	19.	Chronic Cough	DETAILS:
YES	NO	20.	Allergies / Hay Fever / Asthma	DETAILS:
YES	NO	21.	Drug / Serum Reaction	DETAILS:
YES	NO	22.	Kidney / Bladder Problem	DETAILS:
YES	NO	23.	Stomach Problem	DETAILS:
YES	NO	24.	Cancer	DETAILS:
YES	NO	25.	Hearing Problem	DETAILS:
YES	NO	26.	Adult Communicable Disease	DETAILS:
YES	NO	27.	Circulation / Vein / Artery Problem	DETAILS:
YES	NO	28.	Depression / Nervous Disorder / Mental Illness	DETAILS:
YES	NO	29.	Hernia	DETAILS:
YES	NO	30.	Back or Neck Injury	DETAILS:
YES	NO	31.	Do you wear glasses?	All Times Occasionally
YES	NO	32.	Do you wear contact lenses?	All Times Occasionally
YES	NO	33.	Have you ever had any surgery?	DETAILS:
YES	NO	34.	Have you ever had a workers' compensation claim because of an on-the-job injury or illness?	Open Claim Closed Claim DETAILS:
YES	NO	35.	Have you had any medical condition, illness, or disease that resulted in your absence from work or inability to perform the essential functions of your job for more than 7 consecutive work days?	DETAILS:

Employee Signature _____

Date _____

XXX-XX-

Print Name _____

SS # _____

Witnessed By _____

Date _____

VOLUNTARY EEO IDENTIFICATION

Various agencies of the United States Government require employers to maintain information on applicants pertaining to factors such as race, sex and type of position for which an individual applies. The information requested on this sheet is for compliance with certain record keeping requirements. The Companies believe all persons are entitled to equal employment opportunities and do not discriminate against its employees or applicants for employment because of race, color, sex, religion, national origin, disability, veteran status, age, marital status or any other protected group status.

Name: _____ Date: _____

Position applied for: _____

Soc Sec Num: _____ Date of Birth: _____ Gender: Male Female

Race/Ethnic Data:

White (Non Hispanic)

Origins of Europe, North Africa, or Middle East

Asian (Non Hispanic)

Origins of the Far East, Southeast Asia, or the Indian subcontinent

Native Hawaiian or Other Pacific Islander

Origins of Hawaii, Guam, Samoa, or other Pacific Islands

Black or African American (Non Hispanic)

Origins in any of the Black racial groups of Africa

Hispanic or Latino

Mexican, Cuban, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race

American Indian or Alaskan Native

Origins of North and South America (including Central America), who maintain tribal affiliation or community attachment

Two or more races (Non Hispanic)

All persons who identify with more than one of the above races

Regulations issued by the U.S. Department of Labor with respect to disabled individuals, disabled veterans and Vietnam Era veterans require that federal contractors provide an opportunity for self-identification to candidates seeking employment. Such self-identification is submitted on a voluntary basis, on a confidential basis, for use only in accordance with regulations, and without subjecting the individual to adverse treatment.

Disabled/Veteran Classification(s):

- Special Disabled Veteran (30% or more disability) Vietnam Era Veteran Other Eligible Veteran

Disabled Individual

To Be Completed By Employer

If the employee elected not to complete this form, the employer has completed it through visual identification as required by law.

From the EEO job classification listed below, which one best describes the position filled?

- | | | |
|---|---|--|
| <input type="radio"/> 1.1 – Executive/Senior Level Officials and Managers | <input type="radio"/> 2 - Professionals | <input type="radio"/> 6 - Craft Workers (skilled) |
| <input type="radio"/> 1.2 – First/Mid Level Officials & Managers | <input type="radio"/> 3 - Technicians | <input type="radio"/> 7 - Operative (semi-skilled) |
| | <input type="radio"/> 4 - Sales | <input type="radio"/> 8 - Laborers (unskilled) |
| | <input type="radio"/> 5 – Office and Clerical | <input type="radio"/> 9 - Service Workers |