

Conditions of Employment

1. I understand and agree that I may be expected to work on a wide variety of job assignments and agree to accept assignments for which I am qualified as they become available.
2. I have a working telephone and transportation. If this information changes, I will notify the Staffing Agency. If my phone number changes, it is my responsibility to notify the Staffing Agency, who is my employer. If I do not notify the Staffing Agency, they can assume I voluntarily quit.
3. I understand I am expected to complete any job assignment I accept. If I do not complete the assignment, the Staffing Agency, who is my employer, can assume I have voluntarily quit.
4. I understand that when I complete a job assignment, it is my responsibility to contact the Staffing Agency, who is my employer, daily to let them know I am available for work. If I do not call daily, the Staffing Agency can assume I voluntarily quit. Failure to call may affect my unemployment benefits.
5. If for some unexpected reason, such as an emergency or illness, I cannot make it to work or will be late, I will contact the Staffing Agency, who is my employer, as soon as possible so the Staffing Agency can tell the client and/or find a replacement. My failure to do so will be grounds for termination and the Staffing Agency can assume I voluntarily quit.

Authorization to Release Information

The Staffing Agency is an equal opportunity employer. We are dedicated to a policy of non-discrimination in employment on any basis. We will not use the information provided in your application to discriminate against you with respect to your compensation, terms, conditions, or privileges of employment because of race, creed, color, age, sex, religion, national origin, physical or mental disabilities.

Your application will be considered as current for a period of one year after it is filed. If you wish to be considered for employment after that period, you must renew your application in person and in writing.

I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at any time with or without notice, and the Staffing Agency has the same right. No one other than the President of The Staffing Agency has authority to modify this relationship or make any agreement to the contrary. Any such modification or agreement must be in writing.

I understand that the Staffing Agency reserves the right to require me to submit to a drug test at any time and also reserves the right to require me to submit to an alcohol test and/or medical examination to the extent permitted by law.

I understand that the level of responsibility of certain job positions may require additional background information and in this case the Staffing Agency has the right to obtain the necessary information. I understand that the Staffing Agency may investigate my driving record, my educational record, my criminal record, and my credit history and that an investigative consumer report may be prepared whereby information is obtained through personal interviews with neighbors, friends, and other with whom I am acquainted. This inquiry would include information as to my character, general reputation, personal characteristics, and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I hereby release all such persons from liability or damages incurred as a result of inquiry and furnishing the information.

I further understand that the Staffing Agency may contact my previous employers, and I authorize those employers to disclose to the Staffing Agency all records and other information pertinent to my employment with them. I also authorize the Staffing Agency to provide truthful information concerning my employment with it to my future prospective employers, and I agree to hold it harmless for providing such information.

I certify that all of the information that I provide on the application and in any interview will be true and accurate. I understand that if I am employed and any such information is later found to be false or misleading in any respect, I may be dismissed.

Acknowledgement of Safety Awareness and Injury Procedures

I understand that it is my responsibility, while working on assignment for the Staffing Agency, to exercise common sense and good judgment at all times. I am expected to follow all rules and guidelines established and I am required to report all unsafe conditions to my company workplace supervisor immediately.

I further understand that any employee working for the Staffing Agency who witnesses or sustains an injury must report it immediately to both the Client Company workplace supervisor and a Staffing Agency Representative.

If medical attention is necessary, I am aware that I am required to inform the medical facility that I am to be tested for drugs of abuse and alcohol.

I have also been made aware of the fact that taking someone else's prescription medication constitutes illegal use of drugs.

I hereby authorize and give full permission to have the Staffing Agency and/or its company medical physician send a specimen of my urine and/or blood to a laboratory for a screening test to check for the presence of illegal drugs, alcohol, or prescription medication taken without a prescription.

I will hold all parties harmless, meaning I will not sue nor hold responsible, for any alleged harm to me or interference with my obtaining a job or continuing employment due to refusing to submit to the tests or as a result of report of the tests. This includes possible clerical or laboratory error.

I understand that failure to work safely and/or failure to follow the Staffing Agency's established injury procedures will warrant disciplinary action up to and including release from assignment and termination from the Staffing Agency.

I understand and agree to the Policies and Procedures above.

Applicant Signature _____

Date _____

Acknowledgement of Receipt of Drug-Free and Alcohol-Free Workplace Policy

I certify that I have received a copy of the Drug-Free and Alcohol-Free Workplace Policy.

Applicants deemed suitable for hire or who would be potentially offered a position may be screened for the use of illegal drugs. Employees may be subject to testing at the time of hire and each time that are assigned to a work site unless the employee has been tested within 12 months of the date of placement (unless additional testing is otherwise required by a Client Company).

Once the drug screening process has started, the employee/applicant may not leave the office until the process is completed. If this process is not completed, the same rule applies as if it was a failed drug test. Applicants who fail a drug test become ineligible to work for the Staffing Agency. Employees who fail a drug test are terminated immediately.

I understand that my continued employment with the Staffing Agency is contingent upon my compliance with this policy and that my refusal to cooperate may result in disciplinary action, up to and including termination of employment. I have been advised that the Staffing Agency reserves the right to exercise its discretion with respect to the enforcement of this policy and agree that the policy does not establish any contractual rights to ongoing employment with the Staffing Agency or otherwise alter the at-will nature of our employment relationship.

I authorize the Staffing Agency to release any drug and/or alcohol test results to Client Companies of the Staffing Agency when required as a condition of my placement with them.

In the event I am requested by a Client Company to submit to a drug or alcohol screen, I authorize that Client Company and/or drug testing facility to release those results to the Staffing Agency, my current employer. If I refuse to submit to the drug and alcohol screen, the Staffing Agency may request me to drug or alcohol screen in accordance with the Reasonable Suspicion clause in the Staffing Agency Drug-Free and Alcohol-Free Workplace Policy.

Harassment Policy

The Staffing Agency intends to provide a work environment that is pleasant, healthful, comfortable, and free from intimidation, hostility or other offenses which might interfere with work performance. Harassment of any sort - verbal, physical, visual - will not be tolerated.

What Is Harassment?

Harassment can take many forms. It may be, but is not limited to: words, signs, jokes, pranks, intimidation, physical contact, or violence. Harassment is not necessarily sexual in nature. Sexually harassing conduct may include unwelcome sexual advances, requests for sexual favors, or any other verbal or physical contact of a sexual nature that prevents an individual from effectively performing the duties of their position or creates an intimidating, hostile or offensive working environment, or when such conduct is made a condition of employment or compensation, either implicitly or explicitly.

Responsibility

All Staffing Agency employees, and particularly managers, have a responsibility for keeping our work environment free of harassment. Any employee who becomes aware of an incident of harassment, whether by witnessing the incident or being told of it, has the responsibility to report it as set out below. When management becomes aware of an allegation, it will take prompt and appropriate action.

Reporting

If you believe you are subject to, or have observed discriminatory harassment, you should immediately discuss the matter with the Staffing Agency Representative who will investigate the situation in order to resolve all difficulties promptly and appropriately. If the Staffing Agency Representative is involved in the harassment, you should discuss the matter with the Staffing Agency Vice President of Operations or the Director of Administration. In addition to reporting the harassment complaint to the Staffing Agency management personnel, you should also report the matter to management personnel at the client location to which you are assigned. To the extent possible, all harassment issues will be handled in a confidential manner. If you report a harassment complaint, or are questioned during an investigation, keep the investigation and topic of investigation confidential, and only discuss the situation with those with a need to know.

Retaliation

Retaliation towards an individual who has exercised her/his right to file a complaint under this policy shall not be tolerated and will result in severe disciplinary action, up to, and including, termination of the retaliating employee.

Penalties

Any employee found to have violated the Harassment Policy shall be subject to appropriate disciplinary action up to and including termination. In addition, the individual who makes unwelcome advances, threatens or in any way harasses another employee may be personally liable for such actions and their consequences.

☐ I understand and agree to the Policies and Procedures above.

Applicant Signature _____

Date _____