

# **PRE-APPLICATION POLICY AND PROCEDURES**

## **CONSUMER REPORTS NOTIFICATION**

This policy authorizes Ad-VANCE Talent Solutions, hereby known as the “Company” to conduct the following: You are hereby notified that a consumer report or an investigated consumer report may be obtained from a consumer reporting agency, or directly by this employer for the purpose of evaluating you for employment, promotion, reassignment or retention as an employee.

The report may contain information on your criminal history, personal character, general reputation, credit worthiness, personal characteristics or mode of living from public or private record sources or through personal interviews with your neighbors, friends, associates or educational facility.

In connection with my application for employment (including contract for service), I understand that consumer reports or investigative consumer reports which may contain public record information may be requested or made on me including consumer credit, criminal and others. These reports will include experience along with reasons for termination of past employment. Further. I understand that you will be requesting information from various federal, state, local, and other agencies, which contain my past activities. I understand under the FCRA that I have a right to request a copy of this report.

## **DRUG TESTING POLICY**

Ad-VANCE Talent Solutions has a very strict “NO DRUGS” policy. I hereby give my voluntary consent for the Company to allow its medical representatives collect urine samples from me for testing for alcohol, drugs and controlled substances and to conduct other necessary medical tests in accordance with the Company’s drug policy. Further, I give my consent for the release of the test results to the Company and to its agents and representatives for their use in investigating my compliance with the Company policy for a drug alcohol free work environment. This release and consent shall remain in effects so long as the Company may employ me.

In exchange for being considered for employment with the Company, I agree to release the Company from any and all liability that may arise from the result of this test or discontinuance of employment as a result of not submitting for the tests. This includes possible clerical laboratory error.

This policy and authorization has been explained to me in a language I understand. I have been told if I have any questions regarding the test, I have the right to ask and my questions may be answered.

Initial & Date: \_\_\_\_\_

## WORKER'S COMPENSATION/ACCIDENT-INJURY

If I sustain an injury on the job, I will inform the client, staffing company, and my direct supervisor *immediately* after the accident. The Company will coordinate with the client and take the proper procedures for treatment and reporting the accident. I understand a drug screen is required whenever an on-job accident or injury is reported.

The Company has light-duty work available whenever it is deemed necessary by an authorized physician. I understand I am to contact the Company weekly to be considered for light-duty employment. All Workers Compensation Claims will be investigated and Worker's Comp Fraud will NOT be tolerated. I authorize the treating medical facility to obtain a urine, saliva, and/or blood sample for purposes of post injury drug testing.

## SAFETY

I agree to always perform my assigned tasks in a safe and proper manner; I will not take shortcuts. The taking of shortcuts and the ignoring of established safety rules is a leading cause of employee accidents. I agree to obey all posted and not posted safety notices along with maintaining a general condition of good housekeeping in all work areas at all times. When in doubt of the proper safety practices I will contact my supervisor or the Company.

I understand that appropriate clothing and footwear must be worn on the job at all times. I will never remove or by-pass safety devices and I fully understand horseplay is prohibited at all times. The drinking of alcohol is not permitted on the job. Any employee discovered under the influence of alcohol or drugs will not be permitted to work.

As part of the Company's Safety Incentive Program I understand I will be eligible for a quarterly drawing for two movie passes plus other gifts as long as I have not had an accident or injury within the specified quarter.

## UNEMPLOYMENT

I understand that I am an employee of the Company and when an assignment ends I must report to the Company's office for my next assignment. I understand that failure to do so or failure to accept my next job assignment will indicate that I have voluntarily quit and I may not be eligible for unemployment compensation benefits.

I further acknowledge that I agree to complete any job assignment that I accept, and if failure to do so, the Company will assume I have voluntarily quit. Without providing a proper two week notice for any assignment may be considered grounds for immediate termination, including not being considered for future assignments.

## AFFIRMATION

I hereby authorize without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I have read and understand all that is required of me in the above listed instructions. I further authorize ongoing procurement of the above-mentioned reports at any time during my employment (or contract).

Initial & Date: \_\_\_\_\_

I hereby declare that all statements contained in this application are true and correct and understand that false or inaccurate information in the application may be the basis for termination. I understand that if employed, my employment will not be for any fixed period of time and may be terminated by the company at any time. I have read and do understand completely, the policies and procedures listed in this application.

**AUTHORIZATION AND CONSENT:**

Print your Name: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Driver License Number: \_\_\_\_\_ License State: \_\_\_\_\_

**(FOR IDENTIFICATION PURPOSES ONLY)**

Date of Birth: \_\_\_\_\_ (day/month/year) Race: \_\_\_\_\_ Gender: \_\_\_\_\_

Other former names: \_\_\_\_\_

Professional License: Type: \_\_\_\_\_ State: \_\_\_\_\_

Number: \_\_\_\_\_ Others: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**COMPANY VERIFICATION**

Coordinator Printed Name: \_\_\_\_\_

Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Ad-VANCE Talent Solutions

## Reemployment Assistance/Unemployment Policies and Procedures

I understand that I am required to call Ad-VANCE Talent Solutions' Availability Line at 941-739-8883, immediately upon conclusion of each assignment. No other method of contact is acceptable for consideration of compliance with this policy and procedure. When I call, I must personally speak with a recruiter to discuss my reassignment. If a recruiter is not available, I understand and agree that I must continue to call back until I personally speak with a recruiter to advise that I am available for work and discuss reassignment, as only a recruiter is able to place me on an assignment or provide me with information regarding available work. Ad-VANCE logs all calls available to ensure you are quickly reassigned upon completion of each assignment.

After immediately reporting available for work upon conclusion of each assignment if I am not reassigned immediately, I understand that to continue to be considered available for and actively seeking work, I must continue to call my employer, Ad-VANCE Talent Solutions' Availability Line at 941-739-8883.

I understand that failure to contact Ad-VANCE Talent Solutions for reassignment immediately upon conclusion of each assignment, regardless of the duration of the assignment, may result in the denial of my unemployment benefits.

The above procedures have been fully explained to me and I understand my responsibilities.

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Print Name

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Date