



# POLICIES 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 Fair Credit Reporting Act 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 to collect urine and/or saliva 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 effect 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.

## 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 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 POLICY**

All employees shall follow these safe practice rules, render every possible aid to safe operations and report all unsafe conditions or practices to the supervisor/employer.

- Anyone known to be under the influence of alcohol and/or drugs shall not be allowed on the job while in that condition and will not be permitted to work. Persons with symptoms of alcohol and/or drug abuse are encouraged to discuss personal or work-related problems with the supervisor/employer.
- No one shall knowingly be permitted or required to work while his or her ability or alertness is impaired by fatigue, illness or other causes that might expose the individual or others to injury.
- Horseplay, scuffling and other acts that tend to endanger the safety or well-being of employees are prohibited at all times.
- Work shall be well planned and supervised to prevent injuries when working with equipment and handling heavy materials. When lifting heavy objects, employees should bend their knees and use the large muscles of the legs instead of the smaller muscles of the back. Back injuries are the most frequent and often the most persistent and painful type of workplace injury.
- I will never remove or by-pass safety devices. I shall not handle or tamper with any electrical equipment, machinery, or air or water lines in a manner not within the scope of my duties, unless I have received instructions from my supervisor/employer.
- All injuries shall be reported promptly to my supervisor/employer so that arrangements can be made for medical and/or first aid treatment.
- 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.

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 if I have not had an accident or injury within the specified quarter.

## **UNEMPLOYMENT**

Upon completion of each assignment, regardless of the duration, I understand that I am to contact Ad-Vance and report available for reassignment. I understand that failure to do so or failure to accept my next job assignment as required, will be considered a voluntary quit and may result in the denial of 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.

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 above.