

Personnel Record & Application - Full-time Part-time / Check if Temporary

Last Name	First Name	Middle Name	Social Security Number:
Street Address		City	State
			Zip Code
Home Phone: () -		Are you a United States Citizen or legally eligible to work in the U. S.? <input type="checkbox"/> Yes <input type="checkbox"/> No (if hired, you will be required to provide documentation that you are eligible to work in the U.S.)	
Cell Phone: () -		Are you 18 or over? _____	
Emergency Contact: _____		Date of Birth- _____	
Emergency Contact #: () -		Driver's License #- _____ State: _____	
Title of Position Applying For			Date Available to Work
Have you ever pleaded guilty, no contest or been convicted of a felony? [] Yes [] No If yes, give dates and details:			
Answering yes to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered.			

Technical or Certificate Programs			
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Employment History Please provide the following information for your previous three employers, beginning with the most recent: (Please attach an additional page if necessary, do not use "see attached resume".)

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Weekly Pay Start: _____ Finish: _____		
Reason for Leaving:		

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial and other related matters as may be necessary for an employment decision. I hereby release employers, schools or individuals from all liability when responding to inquiries in connection with my application. In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature _____ Date _____

OFFICE USE ONLY	
Company Name: _____	Job Title: _____
Job Description: _____	W/C Code: _____
Date of Hire: _____	Hours Per Week: _____
Rate of Pay: _____ Full Time: _____	Part Time: _____
Frequency of Pay: Weekly _____ Bi-Weekly _____	SemiMonthly _____ Monthly _____

DIRECT DEPOSIT INSTRUCTIONS

Any employees that would like to enroll in the payroll direct deposit option would need to submit the direct deposit form and one of the following items:

- 1) Letter from their financial institution on their letterhead with the employee's name, account number and routing number.
- 2) Copy of a voided check.
- 3) An employee currently using a debit card for their direct deposit will need to submit a form from the issuing institution with the employee's name, account number and routing number. These forms normally come with the debit card that the employee would like their payroll checks loaded to.

Our direct deposit process for the employee's first check is one penny is deposited into the employee's account and the remainder of their wages is paid via a live paper check. Once the employee's penny is credited to their account, they will need to notify J Solutions and their next check will go 100% direct deposit.

Employee Information for Direct Deposit

Please print legibly

Employee Name: _____ Social Security No.: _____

What Portion of Net Pay Would You Like Deposited?

You may have all or part of your paycheck deposited directly to your bank account(s).

Select one of the following options to indicate the portion of your total paycheck you want deposited.

- 100% of Net Pay
 Indicated Percent _____%
 Indicated Dollar Amount \$ _____

How Do You Want The Direct Deposit Made?

Please identify up to four bank accounts where you want your check deposited, and indicate the amount or percentage of your paycheck you want deposited in each account.

Account for the Balance of the Direct Deposit Amount:	Account for the Balance of the Direct Deposit Amount:
Bank Name: _____	Bank Name: _____
Bank Routing Number: _____	Bank Routing Number: _____
Bank Account Number: _____	Bank Account Number: _____
Type of Account: Checking <input type="radio"/> Savings <input type="radio"/>	Type of Account: Checking <input type="radio"/> Savings <input type="radio"/>
<input type="radio"/> The remainder of the check will be automatically deposited in this account	Indicate Deposit Amount for this Account: (select one)
	<input type="radio"/> Percent of Direct Deposit Amount _____%
	<input type="radio"/> Selected Dollar Amount \$ _____
Account for the Balance of the Direct Deposit Amount:	Account for the Balance of the Direct Deposit Amount:
Bank Name: _____	Bank Name: _____
Bank Routing Number: _____	Bank Routing Number: _____
Bank Account Number: _____	Bank Account Number: _____
Type of Account: Checking <input type="radio"/> Savings <input type="radio"/>	Type of Account: Checking <input type="radio"/> Savings <input type="radio"/>
Indicate Deposit Amount for this Account: (select one)	Indicate Deposit Amount for this Account: (select one)
<input type="radio"/> Percent of Direct Deposit Amount _____%	<input type="radio"/> Percent of Direct Deposit Amount _____%
<input type="radio"/> Selected Dollar Amount \$ _____	<input type="radio"/> Selected Dollar Amount \$ _____

Signature _____ Date _____

J SOLUTIONS

WORKFORCE CONFIDENTIALITY AGREEMENT

I understand that J Solutions has a legal and ethical responsibility to maintain privacy, including obligations to protect the confidentiality of clients' information and to safeguard the privacy of client information.

In addition, I understand that during the course of my employment/assignment/affiliation at J Solutions, I may see or hear other Confidential Information such as financial data and operational information pertaining to the business that J Solutions is obligated to maintain as confidential.

As a condition of my employment/assignment/affiliation with J Solutions I understand that I must sign and comply with this agreement. By signing this document I understand and agree that:

I will disclose Information and/or Confidential Information only if such disclosure complies with J Solutions policies, and is required for the performance of my job.

My personal access code(s), user ID(s), access key(s) and Password(s) used to access computer systems or other equipment are to be kept confidential at all times.

I will not access or view any information other than what is required to do my job. If I have any question about whether access to certain information is required for me to do my job, I will immediately ask my supervisor for clarification.

I will not discuss any information pertaining to the practice in an area where unauthorized individuals may hear such information (for example, in hallways, on elevators, in the cafeteria, on public transportation, at restaurants, and at social events).

I understand that it is not acceptable to discuss any business information in public areas.

I will not make inquiries about any business information for any individual or party who does not have proper authorization to access such information.

I will not make any unauthorized transmissions, copies, disclosures, inquiries, modifications, or purging of Business Information or

Confidential Information. Such unauthorized transmissions include, but are not limited to, removing and/or transferring Business Information or Confidential Information from J Solutions' computer system to unauthorized locations (for instance, home).

Upon termination of my employment/assignment/affiliation with J Solutions, I will immediately return all property (e.g. Keys, documents, ID badges, etc.) to J Solutions.

I agree that my obligations under this agreement regarding Business Information will continue after the termination of my employment/assignment/affiliation with J Solutions.

I understand that violation of this Agreement may result in disciplinary action, up to and including termination of my employment/assignment/affiliation with J Solutions and/or suspension, restriction or loss of privileges, in accordance with J Solutions' policies, as well as potential personal civil and criminal legal penalties.

I understand that any Confidential Information or Business Information that I access or view at J Solutions does not belong to me.

I have read the above agreement and agree to comply with all its terms as a condition of continuing employment.

Signature of employee/physician/
Student/volunteer

Date

Print Your Name

PAYROLL DEDUCTION AUTHORIZATION

I authorize PEO Company, to deduct from my wages the following: local, state, and federal taxes; any court ordered payments; any deductions required by state or federal law; deductions for loss or damage to any uniforms, machinery, merchandise, equipment, tools, vehicles, or other property provided by PEO Company which I do not return or which are not returned in good condition; any unpaid loans or advances which I owe to PEO Company and, any personal expenses or charges owed by me to PEO Company.

In addition, I authorize the full unpaid amount of any such charges or expenses to be deducted from my final paycheck on the termination of my employment with PEO Company.

I acknowledge that I have received, read, and understand the contents of this PEO Company policies and safety program. If unable to read, the contents of the safety program have been read and explained to me by my supervisor. I understand that my compliance with all stated PEO Company policies, including safety, is a condition of continued employment with this PEO Company.

Employee Signature

Date

48- HOUR RULE

Any occupational injury not reported within 48 hours will be considered non-occupational injury and therefore may result in loss of occupational injury benefits.

Employee Signature

Date

DRUG TESTING POLICY AND CONSENT TO DRUG TESTING

It is the policy of the Client Company that the use of alcohol, illegal drugs or inhalants will not be tolerated. Although the Client Company recognizes that many such products have legitimate uses, it is the policy of the Client Company not to tolerate misuse or abuse of industrial solvents, aerosol propellants, paint thinners, lacquer thinners, paints, lacquers, dopes, or any other similar product which could be used to produce an intoxicated state by inhalation of its vapors or gases (which will be called "inhalants" in this document). The Client Company maintains a list of all such substances which may be used, or with which its workers or contractors may come in contact in the course of their work. The presence of detectable residues to off other industrial solvents, aerosol propellants, paint thinners, lacquer thinners, paints, lacquers, dopes (this list is by way of example only, and does not constitute a complete statement of all products or substances which may be abused by inhalation) is cause for immediate dismissal without notice. Consumption of alcohol or use of illegal drugs during working hours or in such a way as to leave a detectable trace of alcohol or illegal drugs in the body is cause for immediate dismissal without notice.

I understand that the Client Company policy prohibits any Employee from engaging in work or being on Client Company premises or the premises of any Client with a detectable level of alcohol, any illegal or controlled drug, drug by-product or drug metabolite or inhalant or by-product of metabolite of an inhalant in the body, including in the breath, blood, urine or hair. This policy does not apply to the proper use of medication prescribed for me by a physician.

I understand that it is a condition of, but not a guarantee or promise of, employment, continued employment, advancement or promotion that I follow the Client Company's policies on drugs, alcohol and inhalants, and the policies of any Client Client Company where I may be assigned. I understand that I may be asked to participate in drug, alcohol and inhalant testing ("Testing") to determine whether I comply with such policies.

I understand that I may refuse to participate in any Testing required by the Client Company or the Client Client Company, but I understand and agree that my failure to participate in testing will be cause of immediate termination, and that I will not be eligible to be re-hired. If I participate in Testing, my signature or mark below indicates my consent to the taking of samples of my breath, hair, blood, urine or other bodily fluids and the analysis of such samples by a laboratory selected by the Client Company, without charge to me. I consent to the disclosure of all negative and confirmed positive test results to the Client Company and any Client Client Company where I may be assigned.

I agree that I will disclose the names of any prescription or over-the-counter medications which I may be taking at the time of testing or may have taken within the thirty (30) days immediately prior to Testing. If my failure to disclose such medications causes positive results which must be confirmed and if the Client Company elects to have the results confirmed by further and more specific laboratory tests, I agree that I will furnish any further samples which may be required in order to perform the confirmatory test and reimburse the Client Company for the actual costs of such screening test and confirmation. I understand that I may refuse to participate in further Testing and/or refuse to reimburse the Client Company for expenses

incurred in confirmatory analysis, but I understand and agree that my failure to participate in Testing or to agree to reimburse the Client Company will be cause for immediate termination, and that I will not be eligible to be re-hired.

I understand that I may be required to participate in Testing, after the occurrence of any on-the-job event that did or could have resulted in personal injury or property damage, or for any other reasonable cause. I understand that a confirmed positive test for the presence of drugs or alcohol is grounds for the immediate termination of my employment for cause.

As a consideration of my employment, continued employment, advancement or promotion with the Client Company, I waive, and agree to release and hold harmless both the Client Company and any Client Client Company, and any testing laboratory along with their agents and employees from any claim or cause of action arising out of the taking of a sample of my breath, blood, urine, hair or other bodily fluids, arising out of the test, or arising out of the disclosure of negative and confirmed positive test results.

DEFINITION: The following definition applies to this and all other Client Company policies unless another definition is expressly indicated in the policy.

Premises means, except as otherwise limited in this definition or applicable law, ALL PLACES AND VEHICLES owned, leased, used, controlled by, or otherwise under the dominion of the Client Company, or where Employees are engaged in work on behalf of, or service to, the Client Company. Premises specifically include parking lots and sidewalks and other surrounding areas in the vicinity of any Client Company Premises. A personal vehicle used on Client Company Business is subject to this policy and to inspection, search or testing for the enforcement of this policy while the vehicle is in use on Client Company Business. Where a person to be searched is not an employee of the Client Company, this definition shall be limited to the real estate, improvements, vehicles and trailers actually owned, possessed, or otherwise under the dominion of the Client Company, not including any public roads, parking areas, sidewalks or other such areas surrounding such real estate and improvements.

Employee Signature

Date

EMPLOYMENT SEPARATION ACKNOWLEDGEMENT

Regardless of the type of separation, it is the employee's responsibility to report to the PEO Company in order to conduct a complete exit interview. This interview must take place within three (3) calendar days from the last paid day of employment. During this interview the employee will return all files, documents, equipment, keys, or other property belonging to the client company. The employee will be interviewed and a complete review of the departing assignment will be conducted by the PEO Company for any possible reassignment of employment. All final paychecks for hours worked will be paid on the pay day following the separation date. Accrued unused paid leave will be included in the final paycheck.

Any employee who separates in good standing may re-employ provided they are qualified for the position they are applying for. Any person re-employed with at least one-year time & service and who is re-employed within three months of separation will keep all accumulated time & service.

Employee Signature

Date

ACKNOWLEDGEMENT:

I acknowledge that I have read and understand the contents of this policy. If I am unable to read, I acknowledge that the contents have been read and explained to me. I understand there is a copy of the Employee Manual available for further review located at the Client Company office and the PEO Company office. The Client Company may change or withdraw any of the policies at its sole discretion, at any time and without advance notice. I understand that compliance with all Client Company policies is a condition of, but not a guarantee or promise of my employment and continued employment with the Client Company. I further understand that my failure to comply immediately and fully with Client Company policies will result in disciplinary action, which may include immediate termination for cause.

Employee Name (printed)

Employee Signature

Date