

Employee Section

Client: _____

First Name: _____ MI: _____ Last Name: _____

Social Security Number: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Personal E-Mail Address: _____ Work E-Mail Address: _____

Home Number: _____ Cell Phone: _____

Sex: Male Female Vet Status (optional): _____

Marital Status: Single Married Divorced

Race: American Indian/Alaskan Native Asian Black/African-American Hispanic/Latino
 Native Hawaiian/Pacific Islander Other/Opt Out Two or More Races White/Caucasian

Emergency Contact Name: _____

Relationship: _____ Emergency Contact Phone: _____

Vensure has entered into a service agreement with your present employer. This agreement enables Vensure to become your co-employer. Please be advised that your status with Vensure is contingent upon continued payment of fees for services rendered by your present employer. In the unlikely event that your present employer fails to render payment to Vensure, your status with Vensure will be automatically terminated. Vensure is under no obligation to inform you should such an event occur.

Are you subject to wage assignment order pursuant to section 25-504, 25-505, 25-323, or 25-25-323.01 to provide child support; or any other garnishment order? Yes No

(Initial) _____ I certify that all answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever.

Client Section

Job Title: _____

Pay Period: Weekly Bi-weekly Semi

Job Description: _____

Pay Type: Hourly Salary Commission Piece

Original Hire Date (DD/MM/YYYY): _____

Salary: Exempt Non-Exempt

Vensure Hire Date (DD/MM/YYYY): _____

Pay Rate: Primary #2 #3 #4

Department: _____

Amount: \$ _____

Division: _____

Status (Full/Part-Time/Seasonal/Temp): _____

Location: _____

Workers' Comp Code: _____

Form W-4 (2013)

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 2013 expires February 17, 2014. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

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 can 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. 505 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. 505 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. 505 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. 505 to see how the amount you are having withheld compares to your projected total tax for 2013. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u> </u>
B	Enter "1" if: { <ul style="list-style-type: none"> • 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	<u> </u>
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	<u> </u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	<u> </u>
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 \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child	G	<u> </u>
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	<u> </u>
	For accuracy, complete all worksheets that apply. { <ul style="list-style-type: none"> • 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 are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 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. 		

----- Separate 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	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; text-align: center;">2013</div>
1 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 <u> </u>
6 Additional amount, if any, you want withheld from each paycheck		6 \$ <u> </u>
7 I claim exemption from withholding for 2013, 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 <u> </u>
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 (This 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.)	9 Office code (optional)	10 Employer identification number (EIN)



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** 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 documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (<i>Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.</i>)						
Last Name (<i>Family Name</i>)		First Name (<i>Given Name</i>)		Middle Initial	Other Names Used (<i>if any</i>)	
Address (<i>Street Number and Name</i>)			Apt. Number	City or Town	State	Zip Code
Date of Birth (<i>mm/dd/yyyy</i>)	U.S. Social Security Number	E-mail Address			Telephone Number	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

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 Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (*See instructions*)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

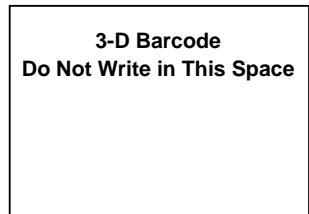
2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (*See instructions*)



Signature of Employee:	Date (<i>mm/dd/yyyy</i>):
------------------------	-----------------------------

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.

Signature of Preparer or Translator:			Date (<i>mm/dd/yyyy</i>):	
Last Name (<i>Family Name</i>)		First Name (<i>Given Name</i>)		
Address (<i>Street Number and Name</i>)		City or Town	State	Zip Code



Employer Completes Next Page



Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p>3-D Barcode Do Not Write in This Space</p> </div>		
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name)		Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
---	--	----------------	---

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
-----------------	------------------	---------------------------------------

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 (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
---	--------------------	--

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 		<ol style="list-style-type: none"> 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 		<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
<ol style="list-style-type: none"> 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 		<ol style="list-style-type: none"> 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 		<ol style="list-style-type: none"> 2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
<ol style="list-style-type: none"> 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 		<ol style="list-style-type: none"> 3. School ID card with a photograph 		<ol style="list-style-type: none"> 3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
<ol style="list-style-type: none"> 4. Employment Authorization Document that contains a photograph (Form I-766) 		<ol style="list-style-type: none"> 4. Voter's registration card 		<ol style="list-style-type: none"> 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
<ol style="list-style-type: none"> 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 		<ol style="list-style-type: none"> 5. U.S. Military card or draft record 		<ol style="list-style-type: none"> 5. Native American tribal document
<ol style="list-style-type: none"> 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 		<ol style="list-style-type: none"> 6. Military dependent's ID card 		<ol style="list-style-type: none"> 6. U.S. Citizen ID Card (Form I-197)
		<p>For persons under age 18 who are unable to present a document listed above:</p>		<ol style="list-style-type: none"> 7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		<ol style="list-style-type: none"> 7. U.S. Coast Guard Merchant Mariner Card 		<ol style="list-style-type: none"> 8. Employment authorization document issued by the Department of Homeland Security
		<ol style="list-style-type: none"> 8. Native American tribal document 		
		<ol style="list-style-type: none"> 9. Driver's license issued by a Canadian government authority 		
		<ol style="list-style-type: none"> 10. School record or report card 		
		<ol style="list-style-type: none"> 11. Clinic, doctor, or hospital record 		
		<ol style="list-style-type: none"> 12. Day-care or nursery school record 		

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

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

Progressive Discipline Program

In order for to function efficiently, we have established rules which govern how the employees, managers and all other agents of TRC STAFFING GROUP INC. are to behave on the job, and how they are to perform their official duties. When people disobey these rules, or behave in a manner that is not acceptable to TRC STAFFING GROUP INC. it is necessary to discipline them. Maintaining discipline and good order is an essential element in making TRC STAFFING GROUP INC. profitable and successful.

TRC STAFFING GROUP INC. has adopted a progressive discipline plan. That means that repeated violations of the same rules will result in increasingly harsh disciplines and finally, punishment.

Verbal Warning

The first violation of a policy or rule will result in a Verbal Warning. Verbal Warnings will be given by an employee's immediate supervisor. The warning will be given to the employee verbally as soon as possible following a transgression of rules or policies. Supervisors will document the following information about the incident:

- Name of the employee being reprimanded
- Time, date, location of the offense
- What happened
- Which policies or rules were not followed and the results
- Time and date supervisor gave the employee the Verbal Warning

After this documentation has been signed and dated by the supervisor, it will be forwarded to the Personnel Department for inclusion in the employee's personnel record. If no further violations of the same type are recorded in the employee's personnel file, records of verbal warnings will be removed from the file after 3 years.

Written Warning

The second violation of a policy or rule will result in a Written Warning. Written Warnings will be prepared by immediate supervisors within 24 hours following a transgression of rules or policies. Supervisors will document the following information about the incident:

- Name of the employee being reprimanded
- Time, date, location of the offense
- What happened
- Which policies or rules were not followed and the results
- Time and date supervisor gave the employee the verbal warning
- Employee's rebuttal or explanation of extenuating circumstances
- Goals for changing employee's behavior and a time frame in which to complete those goals

After this documentation has been signed and dated by the supervisor and the employee, a copy will be forwarded to the Personnel Department for inclusion in the employee's personnel record. The employee will also be given a copy of this documentation. If no further violations of the same type are recorded in the employee's personnel file, records of Written Warnings will be removed from the file after 5 years.

Suspension

The third violation of a policy or rule will result in a Suspension. Suspensions will last three working days, and time will be unpaid. The suspension will begin on the first working day following the initiation of the suspension. Suspensions will be prepared by immediate supervisors

within 24 hours following a transgression of rules or policies. Supervisors will document the following information about the incident:

- Name of the employee being reprimanded
- Time, date, location of the offense
- What happened
- Which policies or rules were not followed and the results
- Time and date supervisor notified the employee of the suspension
- Start and end dates of the suspension
- Employee's rebuttal or explanation of extenuating circumstances
- Goals for changing employee's behavior and a time frame in which to complete those goals

After this documentation has been signed and dated by the supervisor and the employee, a copy will be forwarded to the Personnel Department for inclusion in the employee's personnel record. A copy will be forwarded to the Payroll Department by Personnel. The employee will also be given a copy of this documentation. Because of the serious nature of Suspensions, they will become permanent records in the employee's personnel file, and will never be removed.

Termination

The fourth violation of a policy or rule will result in Termination. Terminations will be effective upon notification of the employee involved. Terminations will be prepared by immediate supervisors within 24 hours following fourth transgression of rules or policies. Supervisors will document the following information about the incident:

- Name of the employee being reprimanded
- Time, date, location of the offense
- What happened
- Which policies or rules were not followed and the results
- Time and date supervisor notified the employee of the termination
- Employee's rebuttal or explanation of extenuating circumstances

When it is possible, employees who are to be terminated will be informed in person. The Personnel Manager or his designated representative will be present when notifying an employee that he has been terminated. If an employee cannot be informed in person, the Personnel Manager will ensure that the employee is notified via Certified Mail. After appropriate documentation has been signed and dated by the supervisor and the employee, a copy will be forwarded to the Personnel Department for inclusion in the employee's personnel record. A copy will be forwarded to the Payroll Department by Personnel. The employee will also be given a copy of this documentation. Notices of termination will become permanent records in the employee's personnel file, and will never be removed. Employees who are terminated from TRC STAFFING GROUP INC. under the Progressive Discipline Program are not eligible for re-hire.

Date: _____ Employee name (print): _____

Employee signature: _____

Safety Rules for All Employees

It is Company policy that everything possible will be done to protect you from accidents, injuries and/or occupational disease while on the job. Safety is a cooperative undertaking requiring an ever-present safety consciousness on the part of every employee. If an employee is injured, positive and prompt action must be taken to see that the employee receives adequate treatment. No one likes to see a fellow employee injured by an accident. Therefore, all operations must be planned to prevent accidents. To carry out this policy, the following rules will apply:

1. All employees shall follow the safety practices and rules directed by the controlling employer supervisor and any other rules and practices communicated on the job. All employees shall report all unsafe conditions or practices to the proper authority, Supervisor on the project and TRC STAFFING GROUP INC. management.
2. Supervisors shall be responsible for enforcing these policies by insisting that employees observe and obey all rules and regulations necessary to maintain a safe work place and safe work habits and practices.
3. Good housekeeping must be practiced at all times in the work area. Clean up all waste and eliminate any dangers in the work area.
4. Suitable clothing and footwear must be worn at all times. Personal protection equipment will be worn whenever needed.
5. All employees will participate in mandatory safety meetings conducted by their Supervisor.
6. Anyone under the influence of intoxicating liquor or drugs, including prescription drugs that might impair motor skills and judgment, shall not be allowed on the job.
7. Horseplay, scuffling, and other acts which tend to have an adverse influence on safety or well being of other employees are prohibited.
8. Work shall be well planned and supervised to avoid injuries in the handling of heavy materials and while using equipment.
9. No one shall be permitted to work while the employee's ability or alertness is so impaired by fatigue, illness, or other causes that it might expose the employee or others to injury.
10. Employees should be alert to see that all guards and other protective devices are in proper places and adjusted, and shall report deficiencies promptly to the supervisor.

11. Employees shall not handle or tamper with any electrical equipment, machinery, or air or water lines in a manner not within the scope of their duties, unless they have received specific instructions.
12. All injuries must be reported to the supervisor so that arrangements can be made for medical or first aid treatment.
13. Proper lifting techniques will be used for all manual lifting operations. When lifting heavy objects, use the large muscles of the leg instead of the smaller muscles of the back.
14. Do not throw things, especially material and equipment. Dispose of all waste properly and carefully.
15. Do not wear shoes with thin or torn soles.
16. Cell phones should not be used in work areas or while working and therefore should not be on the employee. Leave cell phones in your car or locker.

Safety Equipment

Proper safety equipment is necessary for your protection.

Use all safeguards, safety appliances, or devices furnished for your protection and comply with all regulations that may concern or affect your safety. Wear your gear properly -- all snaps and straps fastened, cuffs not cut or rolled.

Protective Clothing

Certain jobs require standard safety apparel and appliances for the protection of the employee. Supervisor must stay abreast of the requirements, and ensure that employees are furnished with the necessary approved protective appliances. These items shall be worn and effectively maintained as a condition of continued employment. The following is a list of required PPE;

- Proper footwear;
- Protective gloves;
- Protective clothing;
- Dust masks;
- Eye protection;
- Ear protection;
- Head protection;

1. Do not alter or replace an approved appliance without permission from the supervisor.
2. No jewelry shall be worn around power equipment.

Housekeeping

Good housekeeping not only improves the appearance of the work place, it also helps prevent fires, accidents and personal injuries. Clean machines, lockers and floors also enable employees to maintain a high standard of quality in your work.

Do not leave debris piled on the floor where someone may stumble, or overhead where there is danger of them falling. When piling material, be careful not to exceed a safe height. Do not pile anything in front of or against fire fighting apparatus, electrical equipment or drinking fountains.

Operators must give their equipment the best possible care and be alert for signs of wear or faulty operations. Handle equipment carefully and store properly.

Smoking and Fire Safety

Fire is one of the worst enemies of any facility. Employees will be informed of the location of the fire extinguishers in their departments, and trained how to use them.

Employees can also help prevent fires by observing the smoking rules:

- Smoking is not allowed on the site, except in designated areas.
- Smoking is not permitted in rest rooms.
- If you are not sure about where you may smoke, ask the supervisor.

Medical Emergencies

It is every employee's responsibility to know the locations of the first aid stations. Instructions for use of first aid equipment are located at each station. In the event of an emergency, contact your Supervisor.

Date: _____ Employee name: _____

Employee signature: _____

TRC STAFFING GROUP INC.
Workplace Violence Policy

It is the policy of TRC STAFFING GROUP INC. and the responsibility of its employees to maintain a workplace free from threats and acts of violence. TRC STAFFING GROUP INC. will work to provide a safe workplace for its employees.

Each employee deserves to be treated with courtesy and respect. We can accomplish this by encouraging mutual respect, communication, and enforcing a zero tolerance policy for any type of violent behavior

- TRC STAFFING GROUP INC. will actively work to prevent and eliminate acts of work-related violence by assisting employees in positively resolving problems, losses, and/or other stress factors.
- Standards of conduct will be clear, communicated, and consistently enforced. Discipline will be used fairly, consistent, and appropriate to deal with instances of unacceptable behavior.
- All employees will be expected to promote positive behavior, and to lead by example in the zero tolerance of workplace violence.
- TRC STAFFING GROUP INC. will not tolerate rude, offensive, insulting, derogatory, hateful, threatening, or violent language or behavior among its employees.
- Heated arguments, obscene language or gestures, throwing things, harassment, pushing, insulting or slighting comments, bullying, hazing, unjust or unwarranted exercise of power, negative racial comments, assault, carrying weapons, inappropriate references to others, or any other form of language or behavior which intimidates or manifests hostility toward another will not be tolerated.
- TRC STAFFING GROUP INC. will respond promptly, positively, and aggressively to deal with threats of acts of violence.
- TRC STAFFING GROUP INC. will treat incidents of work-related threats or acts of violence seriously. Reports of all such acts will be promptly investigated, and management will take appropriate and necessary action to address each incident.
- All incidents of threats or acts of violence are to be immediately reported to the area supervisor

Date: _____ Employee name: _____

Employee signature: _____

Translated by: _____

Company Safety and Health Program Acknowledgement

Employee Acknowledgment and Agreement to Participate in the Company Occupational Safety and Health Program

Every employer is required to provide a safe and healthful workplace. The Company is committed to fulfilling this requirement. A safe and healthful workplace is one of the highest priorities of the Company.

Employees have the following obligations:

- Study the policies and rules contained in the company safety manual.
- Discuss workplace situations with your supervisor.
- Attend all company sponsored training and safety meetings.
- Read all posters and warnings.
- Listen to instructions carefully.
- Follow the employee safety rules.
- Participate in accident investigations as requested.
- Accept responsibility for the safety of others.

By signing this acknowledgment, each employee promises to learn and follow safety policies and rules established by the Company. If you don't understand any policy, please ask your supervisor. Failure to follow safety policies and rules is grounds for immediate termination.

Employee's Signature

Employee's Printed Name

Date

TCA
BUSINESS SERVICES
Staffing Employment Agreement

TCA Business Services, Inc., herein referred to as "TCA", enters into this Employment Agreement made with _____ hereafter, referred to as "Employee". On this day _____, Month _____, Year 20_____.

THEREFORE, in consideration of the above recitals and of the mutual promises and conditions in this Agreement, it is agreed as follows:

1. Employment
 - a. Fulfillment of Duties. Employee shall:
 - i. Devote his/her occupational efforts to the performance of this/her services and duties hereunder, except (i) during vacation periods and periods of temporary illness or incapacity, and (ii) as otherwise consented to in writing by the Director, Temporary Staffing; and
 - ii. Perform his/her services and duties faithfully and to the best of his/her abilities and skills.
2. Compensation
 - a. Salary. For the Employee's full and complete performance of his/her obligation, TCA shall pay the employee as agreed upon hourly rate in equal weekly or bi-weekly or semi-monthly installments.
 - b. Exempt Employee. An Employee classified, as an exempt Employee is exempt from the overtime provision of the Fair Labor Standards Act and applicable State laws.
 - c. Overtime. Employee agrees that he/she is not allowed to work overtime unless authorized by Client Company. Employee agrees that he/she will be paid at the rate of time and one-half (1 ½) for all hours worked over 8 (eight) in one day or 40 (forty) in any one-work week.
3. Termination of Employment
 - a. Employment is at will. The employment of employee is terminable at will by both Employee and TCA, with our without causes.
4. Arbitration
 - a. Employee agrees that in case of dispute or controversy arising from or relating to this Employment Agreement, the matter shall be referred for a resolution officer whose decision shall be final and binding on both parties.
5. Work Period
 - a. Employee agrees to only work for payroll periods that Client company has employed Employee to work for only.
6. Discrimination/Harassment.
 - a. Employee agrees to absolute prohibition of any form of discriminatory behavior or sexual harassment in this/her worksite relationship.
7. Worksite Conditions:
 - a. Employee agrees to comply with all work-related policies, procedures and conditions established by Client Company, e.g., dress, breaks, etc. Employee also agrees to report immediately and directly to TCA any concerns regarding worksite or working conditions.

- b. Employee agrees to report any injury with TCA immediately. TCA can only help employee when there is open communication between both parties.
 - c. Employee agrees not to take or consume or be in possession of any illegal drugs, while employed with TCA or TCA's Client Company.
 - d. Employee agrees not to consume or be in possession during working hours or on Client Company premises of Alcohol or other non proscription medication taken without a prescription.
8. Drug Screen Authorization and Consent
- a. Employee authorize and gives full permission to have TCA and / or their medical company physician send a specimen of my urine and / or blood to a laboratory for screening test using N.I.D.A. standards for the presence of illegal drugs, alcohol, or prescription medication taken without a prescription.
 - b. Employee will hold all parties concerned harmless, meaning I will not sue or hold responsible for any alleged harm to me or interfering with my obtaining a job or continuing employment due to not submitting to the test or as a result of report of the test. This includes, but is not limited to, possible clerical or laboratory errors.
9. PEO Relationship
- a. Employee agrees that TCA has entered into a PEO relationship and all paychecks will come from a third party representative.
10. Understanding
- a. This employment application has been explained to me in a language I understand and I was told that if I have any questions they will be answered about the Drug Screen Testing, Arbitration, or any other part of this agreement. I understand that I can seek my own legal opinion on this contract, but cannot start work unless this contract is signed or modified in writing by both parties. I understand this is a legal binding document.
 - b. I understand TCA will require a drug screen test whenever an on the job accident or injury is reported in accordance with TCA's policy and the below signature is authorization and consent.

Signature below indicates that all parties, and/or their representatives, agree to and understand all terms and conditions stated in this Employment Agreement.

(Employee Name)

TCA Business Services, Inc.
9155 Archibald Ave Ste B
Rancho Cucamonga, CA 91730

(Address)

TCA Representative Name

(City, State, Zip)

(Employee Signature)