BRIGHT TEAM

Welcome to BRIGHT TEAM!

BRIGHT TEAM is a human resource staffing company. We have contracted with your assigned location ("CLIENT") to provide staffing and other human resource related services. As an employee of BRIGHT TEAM, you have the responsibility to perform a specific job at CLIENT. You will be working at CLIENT as an employee of BRIGHT TEAM. As this type of relationship may be new to you, there are millions of Americans working under a human resource outsource arrangement.

You will be receiving your BRIGHT TEAM Employee Handbook. Please note that CLIENT's company policies will take precedence over BRIGHT TEAM's as long as they are in keeping with Federal and State laws. Please be respectful of their policies and procedures.

We look forward to your future with us, your success, and your contributions and to CLIENT. Your skills combined with our other human resource services will provide CLIENT the opportunity to focus on managing their business and enjoy continued growth and success. Our Human Resource Department and other team of associates welcome you and are available to assist you in any way we can to make your employment experience a professional and enjoyable one. If you have any questions or concerns we may address, please feel free to contact us.

Sincerely,

BRIGHT TEAM
HUMAN RESOURCES DEPARTMENT

127 N. Cleve-Mass Rd., Akron, OH 44333
330-668-1845 * 330-665-5441 (fax) * 1-800-668-7720

BRIGHT TEAM

EMPLOYEE INFORMATION
PERSONAL INFORMATION

Please Print

____
DATE

____
LAST NAME | FIRST NAME | MIDDLE INITIAL

____ _(______)__________________
CURRENT STREET ADDRESS | HOME TELEPHONE

____ _(______)__________________
CITY | STATE | ZIP CODE | BUSINESS TELEPHONE

_________________________ ____
DRIVERS' LICENSE NUMBER | SOCIAL SECURITY NUMBER

EMPLOYMENT INFORMATION

Position applied for: ____

Available date to begin work: ____

Are you over 18? ☐ Yes ☐ No

Are you seeking full-time or part-time: ☐ Full-Time ☐ Part-Time

Salary requirements: ____

Are you legally eligible for employment in the United States? ☐ Yes ☐ No

Are there any limitations on your working hours? ☐ Yes ☐ No

If yes, please explain: ____

Are you able to perform all of the essential duties of the job for which you are applying? ☐ Yes ☐ No

If no, please explain ____

Have you ever worked or applied for a position at our company before? ____

If yes, when? ____

Have you ever worked under a different last name than currently used ? ☐ Yes ☐ No

If yes, please state name: ____

Have you ever been convicted of a crime? ☐ Yes ☐ No

If yes, indicate date(s) of conviction(s) and type(s) of offence(s): ____

____

Falsification, misrepresentation and/or omission of criminal conviction are grounds for refusal to hire or, if hired, for dismissal.
***Note: A conviction does not automatically disqualify an applicant for employment.**

EMPLOYMENT

In applying here for employment, it is understood that we reserve the privilege of contacting past employers regarding references.

Are you employed now? ………………………………………………………………………………………..…….. ☐ Yes ☐ No

May we contact your present employer? ……………………………………………………………….…..….…. ☐ Yes ☐ No

Have you ever been suspended or placed on probation for performance on your job? ………………………………… ☐ Yes ☐ No

If yes, please explain: ____

Do you have any part- or full-time jobs that you would expect to continue during your employment here? ………….. ☐ Yes ☐ No

If yes, please describe: ____

Please list all jobs over the past ten (10) years, beginning with your present or most recent position.
Include all self-employment, summer and part-time jobs.

Company name:	Telephone (include area code):
Address:	Employed (month and year): From: To:
Supervisor:	Compensation: Start: Last:
Job Title:	☐ Full-time ☐ Part-time ☐ Temporary
Describe your work:	Reason for leaving:
Company name:	Telephone (include area code):
Address:	Employed (month and year): From: To:
Supervisor:	Compensation: Start: Last:
Job Title:	☐ Full-time ☐ Part-time ☐ Temporary
Describe your work:	Reason for leaving:
Company name:	Telephone (include area code):
Address:	Employed (month and year): From: To:
Supervisor:	Compensation: Start: Last:
Job Title:	☐ Full-time ☐ Part-time ☐ Temporary
Describe your work:	Reason for leaving:

If you need additional space, please attach a separate sheet of paper. In addition, if you have a resume, please provide a copy with this application.

EDUCATION

SCHOOL OR COLLEGE	NAME & LOCATION	NUMBER OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE/DIPLOMA
High School			☐ Yes ☐ No	
College			☐ Yes ☐ No	
Graduate School			☐ Yes ☐ No	
Trade School			☐ Yes ☐ No	

MILITARY SERVICE

Include U.S. military active duty and reserve duty.

From: ____ To: ____

Branch of service: _________________________________ Rank: ____

Please list military occupational skills: ____

CERTIFICATION

Please read carefully. If you have any questions regarding this statement, please discuss them with a Human Resources Representative before signing.

"I certify that the information contained in this application is true and complete to the best of my knowledge and understand that falsification, misrepresentation and/or omission of information is grounds for refusal to hire or, if hired, dismissal. I authorize any persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, and/or any other information that they may have, with regard to any of the subjects covered by this application and release all such parties from all liability for any damage that may result from furnishing such information to you."

"I agree to conform to the rules and regulations of BRIGHT TEAM and acknowledge that these rules and regulations may be changed, interpreted, withdrawn, or added to by BRIGHT TEAM at any time, at BRIGHT TEAM's sole option and without prior notice to me. I understand that this employment application and any other BRIGHT TEAM documents are not contracts for employment, and that my employment and compensation will be employment at will and can be terminated at any time, with or without cause and with or without notice, at the option of either BRIGHT TEAM or myself."

"I understand that BRIGHT TEAM may require me to undergo a pre-placement physical and drug screen test by medical staff and/or agent. I further understand that I must successfully pass the drug test to be considered for employment at BRIGHT TEAM I understand that medical examinations and drug screens (random, lost time accidents, and just cause) which are job-related and consistent with BRIGHT TEAM business necessity may be required of me once I am employed. I further release BRIGHT TEAM, including all of its officers, agents, representatives and employees from any and all claims, suits, causes of action, liability and damages associated with or arising from my submission to a drug test and/or medical examination. I also understand that BRIGHT TEAM does maintain a restricted smoking environment.

"I acknowledge, agree and authorize BRIGHT TEAM to obtain information and records concerning my background and qualifications for employment. I authorize any and all persons, entities, companies, consumer reporting agencies, institutions and government agencies, to release any and all information and records they may have concerning my background and qualifications for employment.

These may include, but are not limited to employment verification, driving record, social security trace, credit report, education, Workers' Compensation and criminal reports. I understand all information received will be held in strict confidence and in strict compliance with all federal and state laws. I agree that a photographic or facsimile copy of this document shall be as valid as the original."

____ ______________________________

APPLICANT'S SIGNATURE DATE

APPLICANT EEO DATA FORM

The information requested is optional and is being collected for the purpose of report to Federal and Equal Employment Opportunity Agencies and will not be considered as part of the application for employment. It will be separated from the application.

1. Job Posting No.:	**2. Social Security No.:**		**3. Last Name (Print), First Middle**
4. Address:	**City:**	**State:**	**Zip Code:**
5. Home Phone: ( )	**6. Work Phone:** ( )		**7. Sex:** □ **M - Male** □ **F - Female**

8. Ethnic Origin:

- □ **Asian (not Hispanic or Latino)**
- □ **Native Hawaiian or other Pacific Islanders (not Hispanic or Latino)**
- □ **Hispanic or Latino**
- □ **Black or African American (not Hispanic or Latino)**
- □ **White (not Hispanic or Latino)**
- □ **American Indian or Alaska Native (not Hispanic or Latino)**

9. Veteran: □ **Yes** □ **No**	**10. Spouse of Veteran:** □ **Yes** □ **No**	**11. Orphan of Veteran:** □ **Yes** □ **No**

12. Job Category:

Official or Manager

- □ **Executive/Senior Level Officials and Managers**
- □ **First/Mid Level Officials and Managers**
- □ **Professionals (Business and Financial occupations)**
- □ **Technicians**
- □ **Sales**
- □ **Official & Clerical**
- □ **Craft Worker (Skilled)**
- □ **Operative (Semi-Skilled)**
- □ **Labors (Unskilled)**
- □ **Service Workers**

13. How did you find out about this job?:

- □ **Other State Employee**
- □ **Job Fair**
- □ **Professional Publication**
- □ **Recruitment Poster**
- □ **Television**
- □ **Newpaper**
- □ **College/University Career Day**
- □ **Human Resource/Personnel Office**
- □ **Radio**
- □ **Agency Web Site - Internet**
- □ **Other** (specify)**:**______________
____

X____ ________________

Signature – Applicant **Date**

Revised: 1/15/07

Form W-4 (2012)

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 2012 expires February 18, 2013. 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 $950 and includes more than $300 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 2012. See Pub. 505, especially if your earnings exceed $130,000 (Single) or $180,000 (Married).

Future developments. The IRS has created a page on IRS.gov for information about Form W-4, at *www.irs.gov/w4*. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted on that page.

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for **yourself** if no one else can claim you as a dependent . . . . **A** ______

B Enter "1" if:
- 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** ______

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** ______

D Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return . . . . **D** ______

E Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above) . . **E** ______

F Enter "1" if you have at least $1,900 of **child or dependent care expenses** for which you plan to claim a credit . . . **F** ______
(**Note.** Do **not** include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

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 $61,000 ($90,000 if married), enter "2" for each eligible child; then **less** "1" if you have three to seven eligible children or **less** "2" if you have eight or more eligible children.
- If your total income will be between $61,000 and $84,000 ($90,000 and $119,000 if married), enter "1" for each eligible child . . . **G** ______

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** ______

For accuracy, **complete all worksheets that apply.**
- 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

Employee's Withholding Allowance Certificate

▶ **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.**

OMB No. 1545-0074

2012

1 Your first name and middle initial	Last name	2 **Your social security number**
Home address (number and street or rural route)	3 ☐ Single ☐ Married ☐ 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.** ▶ ☐	

5 Total number of allowances you are claiming (from line **H** above **or** from the applicable worksheet on page 2) | **5** |

6 Additional amount, if any, you want withheld from each paycheck . . . . | **6** | $

7 I claim exemption from withholding for 2012, 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** |

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)

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2012 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions . . .	1	$
2	Enter: { $11,900 if married filing jointly or qualifying widow(er); $8,700 if head of household; $5,950 if single or married filing separately } . . .	2	$
3	**Subtract** line 2 from line 1. If zero or less, enter “-0-” . . .	3	$
4	Enter an estimate of your 2012 adjustments to income and any additional standard deduction (see Pub. 505)	4	$
5	**Add** lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2012 Form W-4* worksheet in Pub. 505.) . . .	5	$
6	Enter an estimate of your 2012 nonwage income (such as dividends or interest) . . .	6	$
7	**Subtract** line 6 from line 5. If zero or less, enter “-0-” . . .	7	$
8	**Divide** the amount on line 7 by $3,800 and enter the result here. Drop any fraction . . .	8	
9	Enter the number from the **Personal Allowances Worksheet,** line H, page 1 . . .	9	
10	**Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet,** also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1	10	

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**)	1	
2	Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However,** if you are married filing jointly and wages from the highest paying job are $65,000 or less, do not enter more than “3” . . .	2	
3	If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet . . .	3	

Note. If line 1 is **less than** line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4	Enter the number from line 2 of this worksheet . . . 4 ______		
5	Enter the number from line 1 of this worksheet . . . 5 ______		
6	**Subtract** line 5 from line 4 . . .	6	
7	Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here . . .	7	$
8	**Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed . .	8	$
9	Divide line 8 by the number of pay periods remaining in 2012. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2011. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . .	9	$

Table 1

Married Filing Jointly: If wages from **LOWEST** paying job are—	Enter on line 2 above	All Others: If wages from **LOWEST** paying job are—	Enter on line 2 above
$0 - $5,000	0	$0 - $8,000	0
5,001 - 12,000	1	8,001 - 15,000	1
12,001 - 22,000	2	15,001 - 25,000	2
22,001 - 25,000	3	25,001 - 30,000	3
25,001 - 30,000	4	30,001 - 40,000	4
30,001 - 40,000	5	40,001 - 50,000	5
40,001 - 48,000	6	50,001 - 65,000	6
48,001 - 55,000	7	65,001 - 80,000	7
55,001 - 65,000	8	80,001 - 95,000	8
65,001 - 72,000	9	95,001 - 120,000	9
72,001 - 85,000	10	120,001 and over	10
85,001 - 97,000	11		
97,001 - 110,000	12		
110,001 - 120,000	13		
120,001 - 135,000	14		
135,001 and over	15		

Table 2

Married Filing Jointly: If wages from **HIGHEST** paying job are—	Enter on line 7 above	All Others: If wages from **HIGHEST** paying job are—	Enter on line 7 above
$0 - $70,000	$570	$0 - $35,000	$570
70,001 - 125,000	950	35,001 - 90,000	950
125,001 - 190,000	1,060	90,001 - 170,000	1,060
190,001 - 340,000	1,250	170,001 - 375,000	1,250
340,001 and over	1,330	375,001 and over	1,330

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

IT 4
Rev. 5/07

Notice to Employee

1. For state purposes, an individual may claim only natural dependency exemptions. This includes the taxpayer, spouse and each dependent. Dependents are the same as defined in the Internal Revenue Code and as claimed in the taxpayer's federal income tax return for the taxable year for which the taxpayer would have been permitted to claim had the taxpayer filed such a return.

2. You may file a new certificate at any time if the number of your exemptions ***increases.***

   You must file a new certificate within 10 days if the number of exemptions previously claimed by you ***decreases*** because:
   (a) Your spouse for whom you have been claiming exemption is divorced or legally separated, or claims her (or his) own exemption on a separate certificate.
   (b) The support of a dependent for whom you claimed exemption is taken over by someone else.
   (c) You find that a dependent for whom you claimed exemption must be dropped for federal purposes.

   The death of a spouse or a dependent does not affect your withholding until the next year but requires the filing of a new certificate. If possible, file a new certificate by Dec. 1st of the year in which the death occurs.

   For further information, consult the Ohio Department of Taxation, Personal and School District Income Tax Division, or your employer.

3. If you expect to owe more Ohio income tax than will be withheld, you may claim a smaller number of exemptions; or under an agreement with your employer, you may have an additional amount withheld each pay period.

4. A married couple with both spouses working and filing a joint return will, in many cases, be required to file an individual estimated income tax form IT 1040ES even though Ohio income tax is being withheld from their wages. This result may occur because the tax on their combined income will be greater than the sum of the taxes withheld from the husband's wages and the wife's wages. This requirement to file an individual estimated income tax form IT 1040ES may also apply to an individual who has two jobs, both of which are subject to withholding. In lieu of filing the individual estimated income tax form IT 1040ES, the individual may provide for additional withholding with his employer by using line 5.

please detach here

Ohio Department of TAXATION

Employee's Withholding Exemption Certificate

IT 4
Rev. 5/07

Print full name ____________________ Social Security number ____________________

Home address and ZIP code ____________________

Public school district of residence ____________________ School district no. ____________
(See *The Finder* at tax.ohio.gov.)

1. Personal exemption for yourself, enter "1" if claimed .... ____________
2. If married, personal exemption for your spouse if not separately claimed (enter "1" if claimed) .... ____________
3. Exemptions for dependents .... ____________
4. Add the exemptions that you have claimed above and enter total .... ____________
5. Additional withholding per pay period under agreement with employer .... $ ____________

Under the penalties of perjury, I certify that the number of exemptions claimed on this certificate does not exceed the number to which I am entitled.

Signature ____________________ Date ____________________

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

Form I-9, Employment Eligibility Verification

Instructions

Read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the United States) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. 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 documents presented have a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-8155.

What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and noncitizen) hired after November 6, 1986, is authorized to work in the United States.

When Should Form I-9 Be Used?

All employees (citizens and noncitizens) hired after November 6, 1986, and working in the United States must complete Form I-9.

Filling Out Form I-9

Section 1, Employee

This part of the form must be completed no later than the time of hire, which is the actual beginning of employment. Providing the Social Security Number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

Employers should note the work authorization expiration date (if any) shown in **Section 1.** For employees who indicate an employment authorization expiration date in **Section 1,** employers are required to reverify employment authorization for employment on or before the date shown. Note that some employees may leave the expiration date blank if they are aliens whose work authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia or the Republic of the Marshall Islands). For such employees, reverification does not apply unless they choose to present in Section 2 evidence of employment authorization that contains an expiration date (e.g., Employment Authorization Document (Form I-766)).

Preparer/Translator Certification

The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his or her own. However, the employee must still sign **Section 1** personally.

Section 2, Employer

For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors. Employers must complete **Section 2** by examining evidence of identity and employment authorization within three business days of the date employment begins. However, if an employer hires an individual for less than three business days, **Section 2** must be completed at the time employment begins. Employers cannot specify which document(s) listed on the last page of Form I-9 employees present to establish identity and employment authorization. Employees may present any List A document **OR** a combination of a List B and a List C document.

If an employee is unable to present a required document (or documents), the employee must present an acceptable receipt in lieu of a document listed on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employees must present receipts within three business days of the date employment begins and must present valid replacement documents within 90 days or other specified time.

Employers must record in Section 2:

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification in **Section 2.** Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they must be made for all new hires. Photocopies may only be used for the verification process and must be retained with Form I-9. **Employers are still responsible for completing and retaining Form I-9.**

For more detailed information, you may refer to the *USCIS Handbook for Employers* (Form M-274). You may obtain the handbook using the contact information found under the header "USCIS Forms and Information."

Section 3, Updating and Reverification

Employers must complete **Section 3** when updating and/or reverifying Form I-9. Employers must reverify employment authorization of their employees on or before the work authorization expiration date recorded in **Section 1** (if any). Employers **CANNOT** specify which document(s) they will accept from an employee.

A. If an employee's name has changed at the time this form is being updated/reverified, complete Block A.

B. If an employee is rehired within three years of the date this form was originally completed and the employee is still authorized to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.

C. If an employee is rehired within three years of the date this form was originally completed and the employee's work authorization has expired **or** if a current employee's work authorization is about to expire (reverification), complete Block B; and:

1. Examine any document that reflects the employee is authorized to work in the United States (see List A **or** C);
2. Record the document title, document number, and expiration date (if any) in Block C; and
3. Complete the signature block.

Note that for reverification purposes, employers have the option of completing a new Form I-9 instead of completing **Section 3.**

What Is the Filing Fee?

There is no associated filing fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

USCIS Forms and Information

To order USCIS forms, you can download them from our website at www.uscis.gov/forms or call our toll-free number at 1-800-870-3676. You can obtain information about Form I-9 from our website at www.uscis.gov or by calling 1-888-464-4218.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from our website at www.uscis.gov/e-verify or by calling 1-888-464-4218.

General information on immigration laws, regulations, and procedures can be obtained by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our Internet website at www.uscis.gov.

Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Form I-9s for three years after the date of hire or one year after the date employment ends, whichever is later.

Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR 274a.2.

Privacy Act Notice

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 12 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

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**
1. U.S. Passport or U.S. Passport Card		**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		**1.** Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		**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		**2.** Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		**3.** School ID card with a photograph		**3.** Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		**4.** Voter's registration card		**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
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form		**5.** U.S. Military card or draft record		**5.** Native American tribal document
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		**6.** Military dependent's ID card		**6.** U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		**7.** Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		**8.** Employment authorization document issued by the Department of Homeland Security
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

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

OMB No. 1615-0047; Expires 08/31/12

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

Form I-9, Employment Eligibility Verification

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 documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification *(To be completed and signed by employee at the time employment begins.)*

Print Name: Last	First	Middle Initial	Maiden Name
Address *(Street Name and Number)*		Apt. #	Date of Birth *(month/day/year)*
City	State	Zip Code	Social Security #

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 #) ______________
- ☐ An alien authorized to work (Alien # or Admission #) ______________
  until (expiration date, if applicable - *month/day/year*)

Employee's Signature

Date *(month/day/year)*

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.*

Preparer's/Translator's Signature	Print Name
Address *(Street Name and Number, City, State, Zip Code)*	Date *(month/day/year)*

Section 2. Employer Review and Verification *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

	List A	OR	List B	AND	List C
Document title:					
Issuing authority:					
Document #:					
Expiration Date *(if any):*					
Document #:					
Expiration Date *(if any):*					

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on *(month/day/year)* ____________ **and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)**

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address *(Street Name and Number, City, State, Zip Code)*		Date *(month/day/year)*

Section 3. Updating and Reverification *(To be completed and signed by employer.)*

A. New Name *(if applicable)*	B. Date of Rehire *(month/day/year) (if applicable)*

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: ______________ Document #: ______________ Expiration Date *(if any)*: ______________

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 *(month/day/year)*

SIMPLE, EASY, AUTOMATIC

Direct Deposit of Payroll participants enjoy the added fringe benefits of:

- Automatic deposit of pay into checking, savings, or credit union accounts
- Not having to spend your lunch hour making deposits at the bank
- Saving time and frustration of waiting in the teller line on payday
- Access to cash on payday through convenient ATMs
- Avoiding delay of paycheck deposit due to vacation, illness, travel, etc.
- Eliminating lost or stolen paychecks
- Continuing to receive a pay voucher detailing gross pay and deductions

Authorization Agreement for Pre-Authorized Payments

I hereby authorize WorkLife HR or a WorkLife HR company to initiate credit and/or debit entries to my account(s) indicated below, at the depositories named below, hereinafter called DEPOSITORY, to credit and/or debit the sums by such account. In the event an overage of funds is deposited into my account(s) at any given time, I hereby authorize a WorkLife HR company to remove excess funds via direct debit, with the end result being my correct pay amount. **Note: Direct deposit will not be effective immediately upon receipt. There is a two-week set-up period.**

☐ **Add** ☐ **Change** ☐ **Delete**

1

Depository Name ______________________ Branch ______________

City ______________________ State __________ Zip ____________

Routing Number ______________________ Account Number ______________

☐ Checking ☐ Fixed Percentage (%) __________ ☐ Balance of Net Pay
☐ Savings ☐ Fixed Dollar Amount __________
☐ Payroll Card (complete Payroll Card Enrollment Form)

2

Depository Name ______________________ Branch ______________

City ______________________ State __________ Zip ____________

Routing Number ______________________ Account Number ______________

☐ Checking ☐ Fixed Percentage (%) __________ ☐ Balance of Net Pay
☐ Savings ☐ Fixed Dollar Amount __________
☐ Payroll Card (complete Payroll Card Enrollment Form)

3

Depository Name ______________________ Branch ______________

City ______________________ State __________ Zip ____________

Routing Number ______________________ Account Number ______________

☐ Checking ☐ Fixed Percentage (%) __________ ☐ Balance of Net Pay
☐ Savings ☐ Fixed Dollar Amount __________
☐ Payroll Card (complete Payroll Card Enrollment Form)

ATTACH PRE-PRINTED VOIDED CHECKS for each account you wish to use. If more than one account is used, make sure to designate the amount you want deposited into each account on each voided check submitted. Example: (Savings Account – $50.00, Checking Account – Balance of Net Pay)

This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Printed Name ______________________ SS # ______________________

Signature ______________________ Date ______________________

Employer Name ______________________

NOTE: ALL WRITTEN CREDIT/DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

The bottom of your pre-printed check looks like this: ⑆191526423⑆000056287⑈02354

Routing Number (always 9 digits) | Your Account No. (# of digits vary) | Current Check#

CHOOSE A BETTER WAY TO GET PAID

Instead of waiting in line to cash your paycheck, have your pay automatically deposited to the Chase Payroll Visa® Card. It's safe, fast and easy…plus it saves you money!

- Get cash 24 x 7 at ATMs worldwide
- Make purchases anywhere Visa® debit cards are accepted
- Shop online, by phone or mail order
- Eliminate the hassle and costs of cashing a check
- No lost or stolen checks
- No credit check required

Get your money anywhere, anytime

With the Chase Payroll Card, your pay is electronically deposited to your Chase Payroll Card Account each pay period, where your funds are FDIC-insured. You then have immediate and convenient access to your money at over 900,000 automated teller machines (ATMs). You can enjoy surcharge free access at over 40,000 Chase and Allpoint (if your Card carries the Allpoint logo) ATMs in the U.S., and at millions of retail locations worldwide that accept Visa debit cards.

Your purchases are protected

For the first 90 days from the purchase date, Visa's Purchase Security[1] will replace, repair or reimburse you for eligible items of personal property purchased entirely with your Chase Payroll Visa Card to a maximum of $500 per claim and $50,000 per cardholder. Additionally, Visa's Zero Liability Policy[2] protects you from unauthorized purchases. If your Card is ever lost or stolen, you are automatically protected without losing funds in your Account.

1. This protection is valid in cases of theft, damage due to fire, vandalism, accidentally discharged water or certain weather conditions. Certain restrictions may apply.

2. U.S.-issued cards only. The Visa Zero Liability Policy does not apply to commercial card or ATM transactions, or to PIN transactions not processed by Visa or Interlink. See your cardholder agreement for more details.

Enroll in the Chase Payroll Card program today!

There is no cost to enroll in the Chase Payroll Card program. Simply complete this enrollment form today and return it to your payroll department.

TRANSACTION	CARDHOLDER FEES
ATM Withdrawal (U.S.)* Chase and/or Allpoint	$1.50 per transaction (after x free per load)
ATM Withdrawal (outside U.S.)	$3.00 per withdrawal
Point-of-Sale /Signature transactions	FREE
Point-Of-Sale Transaction PIN Based	FREE
Over-the-counter cash withdrawals	$5.00 per withdrawal (after x free per load)
ATM balance inquiry (U.S.)	$1.00 per inquiry
ATM balance inquiry (outside U.S.)	$3.00 per transaction
ADDITIONAL SERVICES	
Monthly paper statement	$1.00
Monthly statements via internet	FREE
Replace lost/stolen card	$15.00 per card
Emergency express card delivery	$10.00 per card
Declined transactions**	$1.00 per transaction
Copy of statement	$10.00 per request
Negative balance	$15.00 per incident
Check to close account	$12.00 per account
Inactivity fee (after 90 days of inactivity)	$5.00 per month
Foreign Exchange conversation rate	3.5% per International transaction

*Whenever you use any ATM there is a "network" or "ATM withdrawal fee". However your program may allow you a certain number of free ATM withdrawals per month before you are assessed this fee. Additionally non-Chase banks may charge you a "surcharge" typically between $1.00 and $2.00 for using their ATM. You can avoid a surcharge by using a Chase or Allpoint ® ATM (if your card carries the Allpoint logo).

**This fee will assessed if an ATM or Point of Sale transaction is denied due to insufficient funds in your Chase Payroll Card Account.

PayAppV04/07 Worklife Financial Inc Profile #64625-0001
Chase Payroll Visa Cards are issued by JPMorgan Chase Bank, N.A.

JPMorgan Chase Bank, N.A. Member FDIC.

CHASE

Chase Payroll Card Application

Important information about procedures for opening a new account

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: when you open an account, you will be asked for your name, address, date of birth, and other information that will allow you to be identified. You may also be asked to present your driver's license or other identifying documents. Unless otherwise noted, all fields are required and must be filled in to process this application.

I. CARDHOLDER INFORMATION

FIRST NAME ______ MI ______ LAST NAME ______

STREET ADDRESS (NO P.O. BOXES) ______ ADDRESS 2 ______

CITY ______ STATE ______ ZIP ______

PRIMARY PHONE ______ SECONDARY PHONE (OPTIONAL) ______ E-MAIL ADDRESS (OPTIONAL) ______

DAT E OF BIRTH (MM/DD/YYYY) ______ MOTHER'S MAIDEN NAME ______ ☐ U.S. CITIZEN ☐ NON-U.S. CITIZEN SSN ______

If you are not a citizen of the United States, please provide one or more of the following forms of identification.

A. Please select a form of identification

☐ SOCIAL SECURITY ☐ TAXPAYER ID ☐ U.S. ALIEN ID CARD ☐ PASSPORT ☐ OTHER GOV'T ISSUED ID ______TYPE

B. Please fill out the corresponding information

COUNTRY OF ISSUANCE ______ NUMBER ______ EXPIRATION DATE (MM / DD / YYYY))

☐ **Secondary card (optional)** – in addition to my primary card, please provide a secondary card which will have full access to my Chase Payroll Account. The secondary card will be mailed directly to the secondary cardholder.

FIRST NAME ______ MI ______ LAST NAME ______

STREET ADDRESS (NO P.O. BOXES) ______ ADDRESS 2 ______

CITY ______ STATE ______ ZIP ______

PRIMARY PHONE ______ SECONDARY PHONE (OPTIONAL) ______ E-MAIL ADDRESS (OPTIONAL) ______

DAT E OF BIRTH (MM/DD/YYYY) ______ MOTHER'S MAIDEN NAME ______ ☐ U.S. CITIZEN ☐ NON-U.S. CITIZEN SSN ______

If you are not a citizen of the United States, please provide one or more of the following forms of identification.

A. Please select a form of identification

☐ SOCIAL SECURITY ☐ TAXPAYER ID ☐ U.S. ALIEN ID CARD ☐ PASSPORT ☐ OTHER GOV'T ISSUED ID ______TYPE

B. Please fill out the corresponding information

COUNTRY OF ISSUANCE ______ NUMBER ______ EXPIRATION DATE (MM / DD / YYYY)

☐ **Monthly paper statement (optional)** - in addition to accessing my Chase Payroll Card transaction activity on-line or via Customer Support, please mail me a monthly payroll card activity statement to the mailing address I have provided above. I understand there is a monthly charge for this statement option, which is disclosed on the Chase Payroll Card enrollment form.

II. CARDHOLDER AGREEMENT

Return your completed, signed and dated application to your employer.
Authorization Agreement for Chase Payroll Card Account will authorize my employer to directly deposit my periodic salary/ compensation payments, net of required tax withholdings, other required withholdings or authorized deductions (a "Payroll Payment") into my Chase Payroll Card Account (the "Account") at JPMorgan Chase Bank, N.A. ("Chase") and to initiate (if necessary) debit entries and adjustments for any credit entries in error to my Account. I understand that I may withdraw a portion or entire amount of a Payroll Payment deposited by my employer from time to time in cash via an Automated Teller Machine (subject to certain withdrawal limits as discussed in the Program Terms, Conditions and Disclosures), applicable Point-of-Sale (POS) terminals and wherever Visa® debit cards are accepted. By signing this application, I hereby authorize Chase to issue a Card to me. I agree that activating my Card shall constitute my agreement to: (1) The Program Terms, Conditions and Disclosures that accompany my Card and (2) changes to, or replacements for, those Program Terms, Conditions or Disclosures that may be sent or made available to me from time to time. I also hereby authorize Chase to debit my Chase Payroll Card Account, without notifying me, for the fees described in the fee schedule that is part of this application, or as such fees may change from time to time. Chase may change those fees at any time.

______________________________	______________________________
CARDHOLDER'S SIGNATURE	DATE

III. EMPLOYER USE ONLY

______________________________	______________________________
COMPANY NAME	LOCATION
______________________________	______________________________
PROCESSOR'S NAME	PROCESSOR'S PHONE NUMBER

EMPLOYEE HOLIDAY FUND & VACATION CLUB

Save money for the holidays and vacations the easy way with payroll deduction! You pick the amount you want taken from each paycheck and, at the end of the plan year, checks will be cut automatically for the Holiday Fund (by November 1) and the Vacation Club (by June 1).

Eligibility:

- All full-time and part-time employees can enroll.
- Holiday Fund plan year is November 1 to October 31.
- Vacation Club plan year is June 1 to May 31.
- Minimum amount to contribute to either account is $5.00 per paycheck.
- $2.00 initial set-up fee for administration of the benefit.

Benefits:

- Once you enroll, you will automatically be enrolled for the following year unless you cancel by:
  - October 31 – Holiday Fund
  - May 31 – Vacation Club
- WorkLife HR will cut you a check automatically and mail it directly to the home address we have in our system.
  - Checks cut by November 1 for the Holiday Fund
  - Checks cut by June 1 for the Vacation Club
- You can get your money before the dates indicated directly above. By doing so, there will be a $10.00 processing fee, your account will be cancelled, and re-enrollment will be required if you wish to participate in subsequent years. You will also need to turn in a *Request for Reimbursement* form for early withdrawal. Call WorkLife HR for the form.
- We will not automatically distribute the money for termination of employment.
- You can discontinue deductions at ANY time, but you will not be able to begin deductions again until open enrollment. No penalties! To cancel, notify the Customer Service Department of your intent to cancel in writing by fax or mail.

To Enroll:

Complete the form on the following page. Email (CustomerService@worklifehr.com), fax (877.215.6801) or mail the form to the Customer Service Department at WorkLife HR and we will set you up on your next payroll. If you have any questions, please don't hesitate to contact us.

DEDUCTION AUTHORIZATION FORM

Name: ______________________________ SS#: ____________________

Address: ____

City: ______________________ State: ____________ Zip: ________

Employer: ____

☐ **YES!** I authorize WorkLife HR to deduct ________ from each paycheck for the **Holiday Fund** benefit.

☐ **YES!** I authorize WorkLife HR to deduct ________ from each paycheck for the **Vacation Club** benefit.

______________________________ ____________________

Employee Signature Date

Submit completed form to the Customer Service Department by email (CustomerService@worklifehr.com), fax (877.215.6801) or mail.

Toll Free: 888.953.4748
Fax: 877.215.6801

1715 East 9th Ave. | Tampa, FL 33605
CustomerService@WorkLifeHR.com

www.WorkLifeHR.com

EMPLOYEE ACKNOWLEDGEMENT FORM

As an employee of Bright Team, I have (initial or check all that apply):

___ read the handbook and am familiar with the information it contains.

___ read the handbook and discussed the information with my supervisor.

___ read the handbook and understand that any further questions that I have in regards to this handbook will need to be directed to my HR Department for clarification.

I have received a copy of the Bright Team Employee Handbook, and I understand that I am responsible for reading it and will comply with provisions described within.

I understand that a copy of the handbook is available to me on TagNet (www.theamericangroup.net) and I have been provided with instructions on how to access it (if applicable).

I understand that this handbook is a guide only, and that if I need further information, I can obtain it through my supervisor or any representative of Bright Team's Human Resources Department. I also realize that the policies in the employee handbook are under continual review and are subject to change at Bright Team's discretion. I further understand I will be responsible for complying with future changes in such policies, practices, and rules communicated from time to time to Bright Team's employees.

I agree to abide by CLIENT's policies and understand that any CLIENT policy will take precedent over those of Bright Team's as long as it is in compliance with applicable Federal and State law.

I further understand that this handbook is not intended in any way to create an employment contract. I understand that I have entered into my employment relationship with Bright Team voluntarily and acknowledge that there is no specified length of employment. Accordingly, Bright Team or I can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable Federal or State law.

By signing below, I acknowledge that I know where to access the employee handbook on TagNet (if applicable), and understand that it is my responsibility to read and comply with the policies contained in this handbook and any revisions made to it.

ASSIGNED CLIENT LOCATION:____

EMPLOYEE'S NAME (printed):____

EMPLOYEE'S SIGNATURE: ____

DATE: ______________________________

AUTHORIZED REPRESENTATIVE (printed): ____

AUTHORIZED REPRESENTATIVE SIGNATURE: ____

DATE: ________________________________