

Sci-Tek Staffing's Policies & Procedures

PLEASE INITIAL EACH POLICIES & PROCEDURES

_____ I understand that Sci-Tek Staffing takes their responsibility as my employer very serious, and that they have gone to great lengths to provide a safe work environment. If I am injured on the job, Sci-Tek Staffing will deal promptly with legitimate claims and has workers compensation insurance that will pay medical expenses and wages. I also understand that Sci-Tek Staffing has extensive experience investigating claims and will fight fraudulent claims with all available resources.

_____ If I sustain an injury on the job, I will inform my immediate supervisor and Sci-Tek Staffing immediately. Sci-Tek Staffing will coordinate with their client and me the proper procedure for treatment and reporting of the accident.

_____ Sci-Tek Staffing has a strict "Substance Abuse Policy" and I have signed a consent form to submit to drug testing. It is our policy to maintain a drug free work place. I understand that my failure to comply with this agreement will be grounds for my immediate termination.

_____ I understand and will comply with Sci-Tek Staffing's safety rules and regulations and hazardous communication program explained to me in Sci-Tek Staffing's orientation.

_____ I am telephone accessible; I have reliable transportation and will keep my contact information updated.

_____ I understand that I am an employee of Sci-Tek Staffing and only Sci-Tek Staffing or I can terminate my employment. When an assignment ends I must report to Sci-Tek Staffing for my next job assignment. Failure to do or to accept my next job assignment will indicate that I have voluntarily quit and will not be eligible for unemployment benefits.

_____ I understand that I am expected to complete any job assignment I accept. I understand that if I do not complete or promptly notify of my inability to complete the assignment, or if I do not report for my assignment then Sci-Tek Staffing may assume that I have voluntarily quit, and will not be eligible for unemployment benefits.

_____ If for some unexpected reason, such as emergency or illness, I cannot make it to work or will be late, I will contact Sci-Tek Staffing at minimum 1 hr before my shift. I understand by calling (707) 255-2747 I may leave a voicemail to report my absence or illness 24 hours a day seven days a week.

_____ I understand Sci-Tek Staffing's requirements for receiving information, documenting hours worked, the method of providing this information, and the time frame for me to provide this information. I understand Sci-Tek Staffing will not recognize or pay for any hours worked by an employee without proper documentation verifying hours worked.

_____ I understand that Sci-Tek Staffing will be paying me weekly Fridays for the previous week pay period, unless otherwise specified.

_____ I have read and fully understand the above statements regarding Sci-Tek Staffing's policies and procedures and agree to the same. I understand that failure to comply with these policies and procedures could lead to my termination and may jeopardize my insurance benefits.

Applicant Signature

Date

Sci-Tek Representative

Date