

SUPPLEMENTAL EMPLOYMENT INFORMATION

NAME _____ Date of Birth _____

Birthplace: City _____ State _____ Number of Dependents _____

Drivers License # _____ State _____

Height _____ Weight _____

PHYSICAL CONDITION

Do you have, or have you ever had any of the following physical conditions, ailments or diseases? Check YES or NO. If YES, give details as to time, duration, treatment and names of doctors on reverse of this form.

	Yes	No		Yes	No		Yes	No		Yes	No
Multiple Sclerosis	<input type="checkbox"/>	<input type="checkbox"/>	Hypoglycemia(low sugar)	<input type="checkbox"/>	<input type="checkbox"/>	Stiff Joints	<input type="checkbox"/>	<input type="checkbox"/>	Silicosis	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	Muscular Dystrophy	<input type="checkbox"/>	<input type="checkbox"/>	Cardiac Disease	<input type="checkbox"/>	<input type="checkbox"/>	Allergy	<input type="checkbox"/>	<input type="checkbox"/>
Thrombophlebitis	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatism or Gout	<input type="checkbox"/>	<input type="checkbox"/>	Heart Trouble	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Cerebral Palsy	<input type="checkbox"/>	<input type="checkbox"/>	Back Trouble or Injury	<input type="checkbox"/>	<input type="checkbox"/>	Varicose Veins	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Parkinson's Disease	<input type="checkbox"/>	<input type="checkbox"/>	Neck Trouble or Injury	<input type="checkbox"/>	<input type="checkbox"/>	Arteriosclerosis	<input type="checkbox"/>	<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	<input type="checkbox"/>
Emphysema	<input type="checkbox"/>	<input type="checkbox"/>	Osteomyelitis	<input type="checkbox"/>	<input type="checkbox"/>	Mental Troubles	<input type="checkbox"/>	<input type="checkbox"/>	Eye Trouble	<input type="checkbox"/>	<input type="checkbox"/>
Lead Poisoning	<input type="checkbox"/>	<input type="checkbox"/>	Hemophilia(bleeder)	<input type="checkbox"/>	<input type="checkbox"/>	Nervousness/			Dermatitis	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Defect	<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Nervous Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Loss of Sight	<input type="checkbox"/>	<input type="checkbox"/>	Psych Treatment/Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	Marie Strumpell Disease	<input type="checkbox"/>	<input type="checkbox"/>	Polio	<input type="checkbox"/>	<input type="checkbox"/>

List any surgeries you have had (include dates): _____

Have you ever been in the armed services? __Yes __No

Are you collecting any Federal Benefits due to Service or Non-Service connected disability? __Yes __No

Give details: _____

Were you ever rated as having a Permanent Physical Disability? __Yes __No What percent? _____

Give Details: _____

Were you ever seriously injured while not working? __Yes __No

Give details, including settlement: _____

Have you ever had an injury on the job? __Yes __No When? _____

If yes, describe: _____

Do you have any physical disability or impairment? __Yes __No

Give details: _____

Do you have any condition which could restrict the type of work you do? __Yes __No

Give details, dates, etc.: _____

Did you complete this form yourself? __Yes __No

If no, enter name and address of person by whom this form was completed.

Name _____

Address _____

I have been fully advised that if I am injured on the job, regardless of how minor the injury may seem, I am to report that injury immediately to my supervisor: __Yes __No

I certify the above answers to be true and correct. I understand that any false or misleading answers to these questions can be sufficient reason for denial of benefits under the prevailing state Workers Compensation Act, and basis for termination of employment. I understand that my answers will be verified by investigation.

Signature _____

Date _____

INVESTIGATION AUTHORIZATION & ORDER FORM

Under the applicable provisions of the federal Fair Credit Reporting Act (FCRA), notice is hereby given that a consumer report or investigative consumer report may be made which may include information pertaining to your employment history, educational accomplishments, criminal record, driving record, credit history, character, general reputation, and personal characteristics. This report may also include information pertaining to a commercial driver's license and commercial driving work history which, under provisions of the United States Department of Transportation, can include inquiries into drug and alcohol testing and as referenced in FMCSRs Parts 382.413 and 391.23. An investigation into your workers' compensation and/or industrial accident background may also be conducted according to the provisions of the Americans with Disabilities Act (ADA). This entire report will be used for employment purposes only, and will be processed by LABORCHEX Companies, an employment screening service, 2506 Lakeland Drive #200, Jackson, MS 39232, 800-880-0366. LABORCHEX conducts business according to all applicable federal and state laws. LABORCHEX agrees to use its best and most precise efforts to furnish its clients (a "client" is defined as a business, company, or organization which contracts with LABORCHEX to provide employment screening services to them) with accurate, current, complete, and reliable information based on such information as it is reasonably available and obtained via applicable public records sources and/or information services utilized by LABORCHEX. Sources also include contact by phone, FAX, U.S. Mail, and electronic mail of an applicant's previous employers, education officials, and other individuals who can provide accurate verification and confirmation of the applicant's background. However, LABORCHEX cannot guarantee the accuracy of the information provided by these sources, which include courts, public record databases, commonly accepted information sources, and individuals, including previous employers.

PRIVACY NOTE: LABORCHEX does not distribute details of employment applications or results to anyone other than the client that requested the background investigation. Information provided by applicants is held by LABORCHEX in strict confidence according to all federal laws.

You are further advised that LABORCHEX does not counsel its clients regarding their hiring policies and procedures. LABORCHEX will not have any knowledge as to why you have been offered a position or the reasons why you were denied employment, and will not be responsible or liable for actions taken by its client. Under the provisions of the FCRA, you have the right to dispute information provided in a report and, after providing proper identification, you can request a copy of such report(s), including details about the sources of information. Such information will be provided to you at no cost within 30 days after receiving your request. The company, business, or organization at which you applied will provide this information for employment. Upon your request, LABORCHEX will provide additional details regarding your employment screening report, particularly the names of specific resources used to gather information, such as courts, public record databases, commonly accepted data sources and individuals.

I, the undersigned, have read and fully understand the above notice. I hereby authorize LABORCHEX to investigate my employment history, educational accomplishments, criminal record, driving record, credit history, character, general reputation, personal characteristics, and information pertaining to a commercial driver's license and commercial driving work history, including inquiries into drug and alcohol testing and use. I authorize LABORCHEX to verify the facts stated by me on the attached application and/or resume. I agree not to hold LABORCHEX responsible in any manner for errors in information provided to LABORCHEX by any of the sources LABORCHEX uses to obtain such information about my employment history, educational accomplishments, criminal record, driving record, credit history, character, general reputation, and personal characteristics. I also agree not to hold LABORCHEX responsible for reports deemed by me to be incorrect, when LABORCHEX has, in good faith and according to its established lawful practices, based its information on sources it normally utilizes, such as those listed above.

Date: _____ Print Name: _____ Gender: _____
Applicant Signature: _____ Soc. Sec.#: _____
Address: _____
City: _____ State: _____ Zip: _____
Date of Birth (for criminal and driving record checks) _____ DL#: _____ State _____

BELOW IS FOR COMPANY USE ONLY

Company Name: _____ Date: _____
Applicant Name: _____ Soc. Sec. #: _____

CHECK SCREENINGS REQUIRED FOR THIS APPLICANT

_____ Previous Employment Verification*	_____ Driving Record Check
_____ D.O.T. (Special Screening for Commercial Drivers)*	_____ Workers' Compensation
_____ Education Verification*	
_____ Professional/Personal References*	_____ Employment Credit Report
_____ Professional License & Credential Check*	
_____ Official Education Transcripts	
_____ CRIMINAL RECORD CHECKS (below)	
_____ CrimeChex Multi-State Criminal Index Check	
_____ List Other Jurisdictions To Be Checked Here:	_____ National Address Search & Social Security # Validation
_____ Nationwide Federal Violations Criminal Record Check	

***If you are not using the website to place orders for these levels of screening, please include the completed job application in your FAX to LABORCHEX.**

Signature of Official Authorizing Investigation _____

DIRECT DEPOSIT

Direct Deposit automatically deposits your paycheck for you every payday in your checking and/or savings account at your own financial institution. **All you have to do is sign up!**

Here's how Direct Deposit works:

Every payday you will receive an earnings statement showing gross salary, taxes, other deductions, and amount to be direct deposited. Your money will already have been deposited in your account. The amount of the deposit will appear as a credit on the account statement you receive from your financial institution. To take advantage of Direct Deposit, fill in the attached form and forward it to your employer to be submitted with payroll processing.

Authorization Agreement For Direct Deposit

Name: _____ Social Security Number: _____

Address: _____
Street City State Zip

I hereby authorize my employer, hereinafter called **Company**, to initiate credit entries and initiate, if necessary, debit entries and adjustments for any credit entries to my Checking or Savings account indicated below and the depository named below, hereinafter called **Financial Institution**, to credit and/or debit the same to such account.

Select One: _____ Checking Account _____ Savings Account

Enter Dollar Amount or a percentage of Net Pay: _____ (\$\$\$) _____ (%)

Financial Institution _____ Branch _____

City _____ State _____ Zip _____

Transit/ABA No. _____ Account No. _____

Select One: _____ Checking Account _____ Savings Account

Enter Dollar Amount or a percentage of Net Pay: _____ (\$\$\$) _____ (%)

Financial Institution _____ Branch _____

City _____ State _____ Zip _____

Transit/ABA No. _____ Account No. _____

(A VOIDED CHECK OR SAVINGS DEPOSIT MUST BE ATTACHED)

This authority is to remain in full force and effect until **Company** has received written notification from me of its termination in such manner as to afford **Company** and **Financial Institution** a reasonable opportunity to act on it.

Signature _____ Date _____

IMPORTANT NOTICE

AT-WILL EMPLOYMENT

THIS POLICY AND PROCEDURE MANUAL DOES NOT CREATE A CONTRACT OF EMPLOYMENT BETWEEN THE EMPLOYEE AND PROPEL PEO DBA "PROPEL HR" OR ITS' CLIENT, HEREINAFTER KNOWN AS PROPEL HR/CLIENT, OR GUARANTEE ANY SPECIFIC TERMS, CONDITIONS, OR LENGTH OF EMPLOYMENT. YOUR EMPLOYMENT WITH PROPEL HR/CLIENT IS "AT-WILL", MEANING THAT EITHER YOU OR PROPEL HR/CLIENT MAY TERMINATE YOUR EMPLOYMENT AT ANY TIME WITH OR WITHOUT CAUSE. NO SUPERVISOR OR MANAGER HAS THE AUTHORITY TO ALTER YOUR AT-WILL EMPLOYMENT OR TO CREATE A CONTRACT BETWEEN YOU AND PROPEL HR/CLIENT, EITHER OR VERBALLY OR IN WRITING.

THIS POLICY AND PROCEDURE MANUAL SUPERCEDES ANY POLICY AND PROCEDURE MANUAL AND/OR HANDBOOK PREVIOUSLY ISSUED BY PROPEL HR/CLIENT, AND THUS ANY POLICY AND PROCEDURE MANUAL AND/OR HANDBOOK PREVIOUSLY ISSUED BY PROPEL HR/CLIENT ARE HEREBY REVOKED.

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT.

DATE

EMPLOYEE NAME (PRINT)

EMPLOYEE SIGNATURE

DATE

COMPANY REPRESENTATIVE

SUBSTANCE ABUSE POLICY

PROPEL PEO, INC.

Referred to as "Propel HR/Client"

Employee Acknowledgment of Receipt and Understanding

I, _____, (name) hereby acknowledge, that I have received and read a copy of Propel HR/Client's Substance Abuse Policy, and I have had an opportunity to have explained to me any aspect of the Policy which I did not understand. I understand that I must abide by the policy at all times as a condition of employment with Propel HR/Client and any violation may result in disciplinary action up to and including discharge.

Further, I understand that during my employment I may be required to submit to other testing for the presence of drugs or alcohol pursuant to the Policy. I understand that submission to such testing is a condition of employment with Propel HR/Client, and disciplinary action up to and including discharge may result if I refuse to consent to such testing, if I refuse to execute all forms of consent and release of liability as are usually and reasonably attendant to such examinations, if I refuse to authorize release of the test results to Propel HR/Client, if the test establishes a violation of Propel HR/Client's Substance Abuse Policy, or otherwise violates the Policy.

I also understand in case of an accident, I will be required to submit to a drug screen at the facility where I am treated for the accident. Tests with a positive result will be my sole responsibility and the Worker's Compensation claim will be denied.

I ALSO UNDERSTAND THAT THE SUBSTANCE ABUSE POLICY AND RELATED DOCUMENTS ARE NOT INTENDED TO CONSTITUTE A CONTRACT BETWEEN PROPEL HR/CLIENT AND ME.

THE UNDERSIGNED FURTHER STATES THAT HE OR SHE HAS READ THE FOREGOING ACKNOWLEDGMENT AND KNOWS THE CONTENTS THEREOF AND SIGNS THE SAME OF HIS OR HER OWN FREE WILL.

Employee's Signature

Date

Witness's Signature

Date

HARASSMENT POLICY

PROPEL PEO, INC.

Referred to as "Propel HR/Client"

Employee Acknowledgment of Receipt and Understanding

I, _____, (name), acknowledge that I have received and reviewed Propel HR/Client's harassment policy. Propel HR/Client's harassment policy prohibits any form of harassment or retaliation based on race, color, religion, gender, sex, national origin, age or disability. I understand that according to Propel HR/Client' harassment policy, I must immediately report any harassing or retaliatory conduct to Propel HR by calling 1-800-446-6567 or by notifying 1-800-STOPIT (1-800-977-8674) - a confidential reporting hotline. If I use the confidential reporting hotline to report harassment, I understand that I should identify Propel HR, whose company identification number is 980023, as my employer. I further understand that I may also report any harassing conduct to my on-site supervisor, manager, or to the human resources department.

I understand that this acknowledgment is not intended to create a contract of employment. Nothing in this acknowledgment binds Propel HR/Client to any specific procedures, policies, benefits, working conditions, or privileges of employment or to specific or definite period of employment.

Signature

Date

Witness Signature

Date

Employee Acknowledgment of Receipt and Understanding

PROPEL PEO, INC.
Referred to as "Propel HR/Client"

I, _____, (print name) hereby acknowledge, that I have received a copy of the Policy and Procedure Manual issued by Propel HR/Client and the Client specific addendum. I have had an opportunity to have explained to me any aspect of the Policy and Procedure Manual and/or any Client specific addendum which I did not understand.

I understand that I must abide by the Harassment Policy, Substance Abuse Policy and all other policies and procedures as established by Propel HR and any additional policies, standards, work and safety rules set by the Client Company at all times and any violation may result in disciplinary action, up to, and including termination.

Further, I acknowledge and understand the co-employment relationship between Propel HR and the Client Company. I understand that I am an employee of both Propel HR and the Client Company and that my employment status is at-will and can be terminated by me or Propel HR/Client at any time and for any reason.

THE UNDERSIGNED FURTHER STATES THAT HE OR SHE HAS READ THE FOREGOING ACKNOWLEDGMENT AND KNOWS THE CONTENTS THEREOF AND SIGNS THE SAME OF HIS OR HER OWN FREE WILL.

Employee's Signature

Date

Witness's Signature

Date

Client Company Name

The policies are provided to be used as general information only. This policy does not create a contract of employment between the employee and Company, or guarantee any specific terms, conditions, or length of employment. Employment is "AT-WILL" and may be terminated at any time and for any reason by the employee or Company.