



Dear Prospective Employee:

Welcome to Tri-State Professional Employer Organization. We are an employee service organization which provides your Work-Site Employer with employment services. If hired, you will be an employee of Tri-State.

As your employer, Tri-State issues your payroll check and W-2. In order to become an employee and process your payroll check accordingly, please complete the following and forward to your Work-Site Administrator.

We will be more than happy to assist you and answer any questions you have about our services.

Thank You.

Employee Name _____

Date _____

Client Company _____

In case of an emergency please contact

Name:

Phone:

Street Address:

City:

State:

Zip Code:

Position applying for:

Location:

What experience do you have in the above position:

Have you ever been convicted of a felony:

Yes

No

If yes, please explain:

Permission is granted to Tri-State Professional Employer Organization to investigate my employment history, education, and background. Permission is also granted to solicit statements or information from any person. I understand that any misrepresentation made by me when completing this application shall be considered just cause for cancellation of employment.

Employee Signature:

Date:

At-Will Employment

In exchange for employment, **employee** agrees to conform to the rules of **Tri-State**. Employment and compensation can be terminated, with or without cause, at any time, at the option of either **Tri-State** or **employee**. **Employee** understands that no On-Site Administrator or representative of Tri-State, other than the President or Vice President has the authority to enter into an agreement for employment for any specific period of time or to make any agreement contrary to the foregoing.

Workers' Compensation Benefits

While **employee** is assigned to **client company**, **Tri-State**, on its behalf and on the behalf of the **client company**, will provide workers' compensation benefits to **employee** for injuries compensable under the Florida's Workers' Compensation Act and similar acts of other jurisdictions (collectively referred to as the "Act"), according to the laws of the state jurisdiction over the compensable injury to the **employee**. **In exchange, the employee agrees** to limit his/her recovery against **Tri-State** and **client company** to those benefits allowed by the Act and to waive any and all causes of action for negligence arising from a compensable injury to **employee**. **It is the expressed intent of this agreement to limit employee's recovery for compensable injuries to those benefits available under the Act.**

Company Drug Policy, Pre-Employment & Waiver and Accident Procedures

I have read, understand and agree to abide by the Company Drug Policy, the Pre-Employment Notice and Waiver and Accident Procedures as listed in this agreement.

Tri-State Employment Services, Inc.

Employee Printed Name

Employee Signature

Home Phone

Company Drug Policy

This company believes a "drug-free workplace" is essential to both employer safety and maximum performance /productivity. Any measurable amount of an illegal or controlled drug, or alcohol, can impair a person to some degree. This Company refuses to accept the risks involved in on-the-job or off-the-job drug use. This choice in lifestyle can contribute to on-the-job accidents injuring both the user and any employee working with or around him. **It will not be tolerated.**

An employee on duty or on Company property who possesses, sees, receives or is determined to have measurable levels of any illegal drug or alcohol **will be subject to immediate discharge** and in appropriate situations, referred to law enforcement authorities. Employees maintaining or using prescribed medications should report the circumstances and effects to their supervisor. If you fail to report this, any medication you take will be viewed the same as an illegal drug. Some types of medications could have undesirable effects, making you a safety risk and endangering those around you.

Periodically, **unannounced inspections will be made** of persons entering or leaving Company work sites by authorized Company Representatives. Entry onto Company property is deemed to be constant to an inspection of person, locker, vehicle or any other personal effects. This Company also receives the right to require employees to allow testing for illegal or controlled drugs or alcohol. Any employee who refuses to participate in such searches or testing will be subject to immediate discharge. Any questions about this policy should be directed to management immediately.

Pre-Employment Notice and Waiver

I understand that this Company has specific policies opposing drug and alcohol abuse and possession. The Company reserves the right to require employees to allow searches of their clothing, personal effects, desks and personal vehicles. I understand that my agreement to submit to those searches or to testing for the presence of drugs or alcohol is a condition of my employment. **I hereby consent to participate in such searches or tests** throughout the duration of my employment. I realize that my failure to participate in such tests or searches will be **grounds for immediate discipline up to and including discharge.**

I hereby authorize and release the employer to obtain any medical information from any physician who has examined me or who will examine me in the future and give my consent to such physician to release all medical information concerning my physical condition to the Company as necessary to implement this Drug policy/program. I agree to save and hold harmless the physician from any legal action against him for releasing such information to the company.

I hereby agree to participate in the company's testing for illegal or controlled drugs or alcohol. I agree to waive, forfeit and to not initiate or participate in any legal action of any type, as a result of that testing, which might have now or which might arise in the future on behalf of myself or any of my future representatives against the Company, the laboratory, medical personnel or any individuals which participate in any manner or fashion in such testing and evaluation. I also authorize any physician, medical institutions or personnel who might be or become involved in such testing or evaluation to release any and all information concerning my tests or my physical condition to the company. I specifically waive any and all claims of negligence against the company for any actions of the/company, its employees, officers, directors, agents and representatives in the implementation of the company's drug program.

Accident Procedures

1. **All accidents/injuries** must be reported to the foreman or supervisor, even if no medical attention is required. An **Employee Accident/Injury Report** form must be completed by the injured employee whether or not medical attention is required.
2. **The employee must notify** their office and supervisor if he/she is going to be off work for more than 3 (three) days. If off for an extended period of time, the employee must go by Tri-State and the Client company's office or call at least once a week to keep management advised of their status. A work status from the Doctor, or the hospital's documentation must be brought by the office after each follow-up visit.
3. **Anytime an employee is on light duty** the Doctor's restrictions must be followed. The employee may return to his regular duties only when released in writing by the doctor. It's the employee's responsibility to inform the Doctor of our "**Light Duty**" policy when an employee is injured on the job. Every effort should be made to return to work. **Pre-existing injuries or conditions will not be covered** by the company's Workers' Compensation Benefit insurance.
4. **Procedures for reporting injuries** and for receiving medical treatment will be explained to you by your supervisor. For your protection, it is essential that all on-the-job injuries, no matter how slight, be reported immediately to your supervisor and the Employee Accident and Injury Report is properly completed and returned. Failure to follow Tri-State accident procedures will subject you to disciplinary action including **discharge**.
5. **I** have read and fully understand the above statements regarding Tri-State policies and Procedures and agree to the same. I understand that failure to comply with these policies and procedures could lead to my termination.

Applicant Signature _____

Date _____

Interviewer Signature _____

Date _____