

- 1. I understand that Stewart Staffing Solutions, LLC takes their responsibility as my employer very seriously, and that they have gone great lengths to provide a safe work environment. If I am injured on the job, Stewart Staffing Solutions, LLC will deal promptly with legitimate claims and has workers compensation insurance that will pay medical expenses and wages. I also understand that Stewart Staffing Solutions, LLC has extensive experience investigating claims and will fight fraudulent claims with all available resources.
- 2. I understand that if there is any unexpected change in my work assignment that I will contact the company as soon as possible.
- 3. I understand that this company has an active modified duty program and that if I am injured on the job that this company will do everything possible to get me back to work as soon as possible.
- 4. If I sustain an injury on the job, I will inform the client and Stewart Staffing Solutions, LLC immediately who will coordinate with the client and myself the proper procedures for treatment and reporting of the accident.
- 5. Stewart Staffing Solutions has a strict "Substance Abuse Policy," and signing this form gives Stewart Staffing Solutions, LLC rights to request a drug test at anytime. I understand that my failure to comply with this agreement will be grounds for my immediate termination.
- 6. I understand and will comply with Stewart Staffing Solutions, LLC safety rules and regulations and hazardous communication program explained to me in Stewart Staffing Solutions, LLC orientation. I understand that my failure to comply with this policy will be grounds for termination.
- 7. I am telephone accessible and I have reliable transportation.
- 8. I understand that I am an employee of Stewart Staffing Solutions, LLC and only Stewart Staffing Solutions, LLC or I can terminate my employment. I understand that when my assignment ends, it is my responsibility to report this to Stewart Staffing and to check in with my recruiter for a new assignment. Failure to do this or denial of an assignment will indicate that I have voluntarily quit and will not be eligible for unemployment benefits.
- 9. I understand that I am expected to complete any job assignment I accept. I further understand that if I do not complete or promptly notify the company of my inability to complete the assignment, or if I do not report for my assignment then Stewart Staffing Solutions can assume that I have voluntarily quit and I will not be eligible for unemployment benefits.
- 10. If for some unexpected reason, such as an emergency or illness, I cannot make it to work or will be late, I will contact Stewart Staffing Solutions, LLC as soon as possible.
- 11. I understand Stewart Staffing Solutions, LLC 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 Stewart Staffing Solutions, LLC will not recognize or pay for any hours worked by an employee without proper documentation verifying hours worked.
- I have read and fully understand the above statements regarding Stewart Staffing Solutions, LLC 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

\_\_\_\_\_  
Interviewer

\_\_\_\_\_  
Date