



Post-Offer Confidential Member Enrollment

PLEASE PRINT OR TYPE

Section I - To be Completed by Member

Last Name:		First Name:	
Middle and/or Maiden Name(s):			Social Security #:
Birth Date:		Email Address:	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married		Ethnicity (EEO-1): For further info, see "Welcome to SCI Companies" form #1310 <input type="checkbox"/> Hispanic or Latino	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		If you are NOT Hispanic or Latino, please check ONE box from the following list: <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Two or more Races (do not check this box if you are Hispanic or Latino)	
Home Tele. No.:			
Address:			Apartment No.:
City:	County:	State:	Zip Code:

In Case of Emergency Call

Emergency Contact Name:	Relationship:
Contact Telephone Number:	
Have you ever been convicted of a crime? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, give dates and explain. Conviction of a crime will not necessarily be a bar to employment. Factors such as age and time of offense, seriousness, nature of violation and rehabilitation will be taken into account.	
Falsifying information on this form could result in termination of employment with SCI / Client Company. Date(s) and explanation (attach separate sheet if necessary):	
Member Signature:	Date:

Section II - To be Completed by On-Site Supervisor

Employment Status: <input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> On-Call		Hire Date:	Adjusted Hire Date:
*Process Level (5 digit code): 62364	Company Name and Location: BALANCE STAFFING - CHARLOTTE	Immediate Supervisor: (Last Name, First Name) CORDOVA, LUIS	
*Department: 200	*Position: 62364-	*Job Code:	
Hourly/Salary: <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Salary	Pay Frequency: <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly	Rate of Pay: \$ _____ Rate / Hour \$ _____ Salary / Year	
Exempt (Check one): <input type="checkbox"/> Exempt from Overtime <input type="checkbox"/> Not Exempt from Overtime	Tipped Employee: <input type="checkbox"/> Tipped <input type="checkbox"/> Not Tipped	Additional Pay & Type: N/A	
**Benefit Class Code: N/A	Pay Plan: N/A	Drug-Free Chain of Custody No.: N/A	
Supervisor Signature:		Date:	

* These are the sections that must be filled out correctly by the Manager.

** If benefits are offered, this field must be filled out correctly by the Manager.

All relevant sections should be filled out completely. Note that failure to fill out sections with asterisks (*/**), will result in delays in processing.

PEO Relationship/SCI Client Service Agreement. SCI Companies provides Professional Employer Organization (PEO) services to your Employer (hereafter referred to as "Client Company" or "Client") through a Client Service Agreement (CSA). The CSA allocates employer duties and responsibilities between the PEO and the Client Company. As an employee of Client who is covered by the CSA, you are deemed a co-employee of Client and SCI, and are referred to as a "Member" of SCI. The co-employment relationship allows SCI to provide certain benefits and administrative services to Client and Member. SCI's PEO services may include some or all of the following administrative services: human resources, payroll, benefits, and workers' compensation. Client retains: (i) the right of direction and control over Members as is necessary to conduct its business, discharge any fiduciary responsibility, and comply with any licensing, regulatory or statutory requirements as required by law; (ii) the right of direction and control over the safety, health and hazard control at the worksite; (iii) the right to hire, discipline and terminate Members. SCI directs, controls, manages, and supervises the day-to-day operations at the worksite and is solely responsible for the provision of and/or services to Client's business. To the extent not prohibited by applicable law, SCI reserves a right of direction and control over Members, including the right to hire, discipline and terminate Members, and a right of direction and control over the safety, health and hazard control at the worksite.

between Client and Member for payments in addition to Member's salary, draw, or regular rate of pay and does not include payment for such items as bonuses, commissions, severance pay, reimbursements, deferred compensation, profit sharing, vacation, sick, or other paid time off, where payment for such items has not been received by SCI from Client. In the event Client has policies providing paid leave benefits such as vacation, sick leave, paid time off, or severance pay, Client is solely responsible for paying any accrued benefits under such policies during employment and at the time of termination. SCI does not provide, and has no policy providing, vacation or other paid leave benefits. Client is solely responsible for any Client sponsored employee benefit plans.

Introductory Period/SCI Member Guidebook. Member has been informed during his/her first seven days of co-employment with SCI that there is a 90-day "Introductory Period" to the extent allowed by law. Member has received, or been given access to, the SCI Member Guidebook. The SCI Member Guidebook may be changed from time to time; it is not a guarantee of present or future employment policies and is not an employment contract or offer of contract.

Workers' Compensation. Any work-related injuries are covered by state workers' compensation statutes. To the extent permitted by law, Member waives and releases any rights to make claims or bring suit against SCI, or any Client or customer of SCI, for damages based upon injuries which are covered under such workers' compensation statutes. **Instructions to Members for providing notice of a workers' compensation injury: If Member has a work-related injury, Member must report the injury to a supervisor of Client immediately. A Supervisor Accident Investigation Form shall be submitted to SCI by your supervisor. If further assistance is needed, Member may contact an SCI Client Service Professional by calling SCI at 800.932.4610.**

Drug-Free Workplace Program (DFWP). Member agrees to comply with the SCI DFWP and any drug testing policy that may be adopted. Member may be required to submit to pre-employment, reasonable suspicion, post-accident, random, and/or periodic drug testing as applicable and allowed by law. Member consents to the collection of urine and/or saliva, as well as blood and/or breath samples to the extent allowed by law. Where allowed by law, submission to such testing is a condition of co-employment with SCI; and disciplinary action, up to and including discharge or refusal to hire, may result if: (i) Member refuses to consent to such testing; (ii) Member refuses to authorize release of the tests results to SCI and Client; (iii) Member refuses to execute all forms of consent as are usually applicable to such examinations; (iv) the test results establish a violation of the DFWP; or (v) Member otherwise violates the DFWP. Where allowed by state law, if Member is injured in the course and scope of employment, is in violation of the DFWP by testing positive for drugs and/or alcohol and does not successfully challenge the positive test results, Member may forfeit, or have limited, his/her eligibility for medical and/or indemnity benefits under applicable state workers' compensation statutes. Unemployment benefits may also be denied if Member is terminated from employment due to a DFWP violation.

Prohibited Harassment or Discrimination/SCI Member Hotline. Unlawful harassment or discrimination against any Member is not tolerated or acceptable. If at any time during Member's co-employment with SCI, Member is subjected to or

Employment Agreement/Collective Bargaining Agreements. This Member Agreement does not affect any employment agreement between Client and Member. If there is a collective bargaining agreement between Client and a Member, the terms of that collective bargaining agreement shall take precedence over any provisions in this Member Agreement or SCI Member Guidebook. SCI is not a party to any employment or collective bargaining agreement.

Employment Status/Termination of Employment. Member is an at-will employee of SCI. Member is also an at-will employee of Client unless otherwise agreed to in writing by Client and Member. The term "at-will" means employment is for a fixed term or indefinite period and may be terminated at any time, for any reason, with or without notice. Termination of Member's employment with Client will automatically terminate Member's co-employment with SCI. If the CSA between SCI and Client is terminated, Member's co-employment with SCI will automatically terminate (but Member may remain an employee of Client).

Payroll/Benefits. To the extent required by applicable law, SCI is responsible for the payment of wages to Member and to make payments on Member's behalf for benefits administered by SCI, and to withhold, report and remit payroll-related and unemployment taxes. To the extent allowed by law, if SCI does not receive payment from Client for Member wages or salary, SCI may pay the applicable minimum wage (or the legally required minimum salary) for any such pay period, and Member agrees to reimburse SCI for such payment. Client remains obligated to pay Member the regular hourly rate of pay if Member is a non-exempt employee or the full salary if Member is an exempt employee. SCI's obligation for payroll is conditional on SCI's receipt of proper and timely payroll information and/or authorization from Client. Member has the duty to report to SCI immediately any discrepancies in the time or compensation. The term "wages" in this section does not include any obligation

witnesses unlawful harassment or discrimination including, but not limited to, harassment or discrimination based on race, sex, pregnancy, age, religion, citizenship, color, veteran or military status, national origin, disability, or any other protected classes under local, state or federal law, Member should immediately notify an appropriate officer or supervisor of Client. Member should also contact SCI's Member Hotline at 800.932.4610, ext. 2203, or 813.259.2203 to report the conduct and obtain assistance. SCI does not have sufficient control over the workplace to end or remediate any discrimination, harassment or retaliation that may occur; however, SCI will attempt to facilitate a resolution. The responsibility to end such inappropriate conduct rests with Client.

Waiver of Jury Trial. To the extent allowed by law, SCI, Client, and Member agree to waive the right to a jury trial in any action or proceeding related to, or arising out of, Member's co-employment with Client and SCI. This includes all disputes, whether based on tort, contract or statute including, but not limited to, any claims of discrimination and harassment, equitable law or otherwise. Before filing a complaint in court, Member agrees to first present any claims in writing to SCI and to cooperate with any SCI internal review process.

State-Specific Worksite Location Provisions:

- **FLORIDA.** Unemployment Compensation: If Member's employment with Client ends for any reason, Member must report back to SCI at 800.932.4610 within two (2) business days for possible reassignment by SCI. Failure to report back to SCI within that time period may result in the determination that Member voluntarily left employment and disqualification of unemployment benefits for which Member might have been eligible.
- **NEW MEXICO.** SCI or Client has directed the workers' compensation carrier to file a proof of coverage certificate with the Office of the Director of Workers' Compensation Administration in the State of New Mexico in compliance with New Mexico law. The workers' compensation insurance contract, policy, or certificate shall provide that the insurance carrier or the employer shall be directly and primarily liable to the Member (and in the event of Member's death to Member's dependents) to pay the compensation and other workers' compensation benefits for which the employer is liable.
- **SOUTH CAROLINA.** Client is in a co-employment relationship with SCI (Staffing Concepts National, Inc. or Venture Resources Group, LLC in South Carolina) that is licensed and regulated by the South Carolina Department of Consumer Affairs. Any questions or complaints regarding the PEO should be directed to: State of South Carolina Department of Consumer Affairs, P.O. Box 5757, Columbia, SC 29250-5757, 803.734.4200, www.sccoconsumer.gov. Client and SCI are operating under and subject to the Workers' Compensation Act of South Carolina. In case of accidental injury or death to an employee, the injured employee, or someone acting on his or her behalf, shall notify immediately SCI, Attn: Workers' Compensation Dept., 4224 W. Henderson Blvd., Tampa, FL 33629 or Client. Failure to give immediate notice may be the cause of serious delay in the payment of compensation to you or your beneficiaries and may result in failure to receive any compensation benefits. As between Client, SCI, and the Member, the notice to or acknowledgement of the

occurrence of an injury on the part of Client or SCI is notice to or knowledge on the part of SCI and its workers' compensation insurer, or Client and its workers' compensation insurer, or both.

- **TEXAS. IN THE STATE OF TEXAS, PROFESSIONAL EMPLOYER ORGANIZATION SERVICES (REFERRED TO IN TEXAS AS STAFF LEASING SERVICES) ARE REGULATED BY THE TEXAS DEPARTMENT OF LICENSING AND REGULATION, 920 COLORADO, P.O. BOX 12157, AUSTIN, TX 78701, PHONE (800) 803-9202, (512) 463-6599. ANY UNRESOLVED COMPLAINTS CONCERNING SCI OR QUESTIONS CONCERNING THE REGULATION OF STAFF LEASING SERVICES MAY BE ADDRESSED TO THE DEPARTMENT. PURSUANT TO §91.032(c) OF THE TEXAS CODE, CLIENT IS SOLELY OBLIGATED TO PAY ANY WAGES FOR WHICH THE OBLIGATION TO PAY IS CREATED BY AN AGREEMENT, CONTRACT, PLAN, OR POLICY BETWEEN CLIENT AND MEMBER AND FOR WHICH SCI HAS NOT CONTRACTED TO PAY.**

By signing below, Member acknowledges that he/she has read this Member Agreement and agrees to the terms herein.

Client Company: BALANCE STAFFING

Member Printed Name _____ Member # or last 4 SSN _____

Member Signature _____ Date _____

LUIS CORDOVA
Supervisor Printed Name _____

Supervisor Signature _____ Date _____



Employment Terms

Industrial Readiness Requirements

I will arrive for work on time and wear work clothing and / or equipment (hard hat, work boots, gloves, safety glasses, safety vest, etc)

Physical Requirements

Depending on the job assignment some jobs may require bending, stooping, lifting, or some form of physical labor. I am required to notify BALANCE in writing of any questions or concerns regarding any limitations of the above mentioned.

Drug Testing/ Criminal Background Policy

I understand that according to BALANCE policy, I may be required to submit to a drug-screening and criminal background check. I understand that these tests are taken at the expense of BALANCE if the results are negative. If the results are positive, I will be charged for the drug-screening and I authorize the cost to be deducted from final pay.

Theft

If any theft of any kind occurs (including altering a company timesheet) you hereby authorize the amount of money to be deducted from your paycheck, and you will be terminated immediately.

Job Related Injuries

In the case of injury on the job, I understand that I must notify BALANCE immediately, upon doing so BALANCE will arrange for your medical care at one of our medical providers. A post injury drug screening is mandatory. I understand that I am required to arrive at the job site on time as assigned by BALANCE.

Post Assignment policy

I acknowledge that my job assignments are provided by Balance staffing and all assignments are temporary in nature and may be terminated by the third party vendor (Work-side location) at any time. Upon the conclusion of any job assignment from Balance staffing, I agree to report back to Balance Staffing, for reassignment within 48 hours. I understand that failure to report back to Balance Staffing within 48 hours will be considered a resignation of employment with Balance Staffing and may result in disqualification of employment compensation benefits for which I may have eligible.

On Time Policy

As an employee of BALANCE, I understand that I am required to arrive at the job site on time as assigned by BALANCE. I am not required to report to the BALANCE office and should leave directly from my house to report to the jobsite; however, if I cannot report to the job or choose to terminate my assignment, I must give 24 hours notice on a daily assignment and 48 hours advance notice on a weekly assignment or I agree to accept minimum wage pay and I am subject to immediate termination. I further understand that BALANCE has a 24hr/7 days a week answering service available so that I may reach them at any time to leave a message. In the event that I require transportation to and/or from the job site, I may make arrangements with a contract driver or another individual driving to the worksite and may make payment arrangement directly with them. Unless I notify BALANCE otherwise, I hereby authorize BALANCE to withhold \$3.50 for each way that I obtain a ride with a driver to and from the jobsite and request that BALANCE forward these monies to the driver. BALANCE in no way assumes liability during the course of transportation and I hereby waive any claims against BALANCE. Furthermore, I agree to hold BALANCE harmless from any liability. I also understand that BALANCE does not require me to utilize any specific mode of transportation and that unless it is specified as a requirement in writing, I am not considered employed until my arrival at the jobsite and I am no longer employed once I leave the jobsite. If any assignment has ended, I am not required to report to the BALANCE office daily, but must notify BALANCE via some mode of communication that I am available to work by 5:30 am each day until I am placed on a new assignment. If I fail to do so, this constitutes voluntary separation. If you do not have any mode of communication, you may elect to visit our office and verify that positions are available on the job board. These positions are filled on a first come first serve basis with earliest times filled first.

Term

I, as the employee, agree that for the period beginning on the date of this agreement and ending 12 months from the termination date of employment will not directly seek employment with any Client companies or employment agencies who service a BALANCE client that I was assigned to while employed through BALANCE (without Balance's written consent). BALANCE shall not unreasonably withhold this request in the event that BALANCE allows Client Company to an early buy of Employee's services or and employee satisfies hours worked hiring requirements to become a permanent employee of Client Company. Employee agrees that he/she must retain one year of direct employment for the Client Company prior to transferring to another employment agency offering services for the same Client.

Employee Name (Printed)

Employee Signature

Date



Balance Staffing

I acknowledge that my job assignments are provided by Balance Staffing and that all assignments are temporary in nature and may be terminated by the third-party vendor (worksite location) at any time. Upon the conclusion of any job assignment from Balance Staffing, I agree to report back to Balance Staffing for reassignment within 48 hours. I understand that failure to report back to Balance Staffing within 48 hours will be considered a resignation of employment with Balance Staffing and may result in disqualification of unemployment compensation benefits for which I might have been eligible.

Employee Signature

Date

Employee's Printed Name

Supervisor Signature

Date

Supervisor's printed Name

Tampa

About this Questionnaire: This questionnaire is not being used as a basis for deciding whether to employ you. This form should be completed only after a conditional offer of employment has been made, but before you begin work.

As mandated by State Law, any Member who falsely represents his/her condition in writing at the time of entering into the employment relationship with Staffing Concepts National, Inc. / Staffing Concepts of Florida, Inc. may be denied Workers' Compensation Benefits.

Name: _____ Member # or last 4 SSN: _____

Instructions: Please check YES or NO for each of the following questions. If your answer is YES, provide complete details in the chart below. Be sure to indicate the question number to which you are providing the details. Attach additional sheets as necessary.

- | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 1. Do you have or have you ever had a head injury resulting in a blackout or concussion? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Do you have or have you ever had a back or spinal injury? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Do you have or have you ever had a neck injury? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Do you have or have you ever had a knee or ankle injury? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Do you have or have you ever had a shoulder or elbow injury? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Do you have or have you ever had epilepsy? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7. Do you have or have you ever had diabetes? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8. Do you have or have you ever had heart trouble, stroke, or cardiovascular disorder? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 9. Do you have or have you ever had a total loss of sight in one or both eyes? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 10. Do you have or have you ever had multiple sclerosis? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 11. Do you have hemophilia (free bleeding)? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 12. Do you have or have you ever had a lung disorder or difficulty breathing? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 13. Do you have or have you ever had high blood pressure? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 14. Do you have or have you ever had allergies or asthma? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 15. Have you ever had a hernia? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 16. Do you have or have you ever had carpal tunnel (repetitive motion) syndrome? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 17. Have you ever filed a Workers' Compensation claim? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 18. Do you have or have you ever had any condition other than those listed in 1-17 which might affect your ability to perform the job which you have been offered? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Give complete details for each question above to which you answered "Yes."

Question #	Nature of Condition	Date	Treatment	Physician/Hospital

All statements given on this questionnaire are true and correct to the best of my knowledge and belief.

Applicant Signature: _____ Date: _____

