

PENDING

E-VERIFY

APPLICATION FOR EMPLOYMENT

SOLICITUD DE EMPLEO

EQUAL OPPORTUNITY EMPLOYER - IGUALDAD DE OPORTUNIDADES EN EL EMPLEO

BULLHORN ID: _____

ENGLISH APPLICATION

PERSONAL INFORMATION / INFORMACION PERSONAL

DATE / FECHA _____

| | | | |
|---|--|--|--------------------------|
| NAME (LAST NAME FIRST/ NOMBRE (APELLIDO PRIMERO)) | | SOCIAL SECURITY NO. / NO. DE SEGURO SOCIAL | |
| PRESENT ADDRESS / DIRECCION ACTUAL | CITY / CIUDAD | STATE/ESTADO | ZIP CODE / CODIGO POSTAL |
| PHONE NUMBER / TELEFONO | CELL PHONE NUMBER / NUMERO DE TELEFONO CELULAR | | |
| EMAIL ADDRESS / CORREO ELECTRONICO | | | |

EMPLOYMENT DESIRED / EMPLEO DESEADO

| | | | |
|---|------------------------------------|-----------------------------|--|
| POSITION / PUESTO | DATE YOU CAN START / PUEDE EMPEZAR | FECHA QUE | SALARY DESIRED / SALARIO DESEADO |
| ARE YOU EMPLOYED NOW ? TRABAJA ACTUALMENTE ? | <input type="checkbox"/> YES SI | <input type="checkbox"/> NO | ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.A. ? ESTAS AUTHORIZADO PARA TRABAJAR EN EE.UU |
| | <input type="checkbox"/> YES SI | <input type="checkbox"/> NO | <input type="checkbox"/> YES SI |
| EVER APPLIES TO THIS COMPANY BEFORE ? HA POSTULADO PARA ESTA COMPAÑIA ANTES? | <input type="checkbox"/> YES SI | <input type="checkbox"/> NO | WHERE ? / DONDE ? |
| | | | WHEN? / CUANDO ? |

EMPLOYMENT DESIRED / EMPLEO DESEADO

| NAME AND LOCATION OF SCHOOL/NOMBRE Y LUGAR DE ESCUELA | YEARS ATTENDED AÑOS QUE ASISTIO | DID YOU GRADUATE ? SE GRADUO ? | SUBJECTS STUDIED RAMOS ESTUDIADOS |
|---|------------------------------------|-----------------------------------|--------------------------------------|
| HIGH SCHOOL ESCUELA SECUNDARIA | | | |
| COLLEGE UNIVERSIDAD | | | |
| TRADE, BUSINESS OR CORRESPONDANCE SCHOOL, ESCUELA DE NEGOCIOS O POR CORRESPONDENCIA | | | |

GENERAL INFORMATION / INFORMACION GENERAL

| |
|--|
| SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK / ESTUDIO ESPECIAL O TRABAJO DE INVESTIGACION |
| SPECIAL TRAINING / CAPACITACION ESPECIAL |
| SPECIAL SKILLS / APTITUDES ESPECIALES |
| U.S MILITARY SERVICE / SERVICIO MILITAR (EE.UU) |

FORMER EMPLOYERS / EMPLEADORES ANTERIORES

BEGIN WITH THE MOST RECENT EMPLOYER

| DATE, MONTH AND YEAR FECHA MES Y AÑO | NAME AND ADDRESS OF EMPLOYER NOMBRE Y DIRECCION DEL EMPLEADOR | POSITION PUESTO | SALARY SALARIO | REASON FOR LEAVING RAZON POR LA SALIDA |
|---|--|--------------------|-------------------|---|
| FROM/DESDE | | | | |
| TO / HASTA | | | | |
| FROM/DESDE | | | | |
| TO / HASTA | | | | |
| FROM/DESDE | | | | |
| TO / HASTA | | | | |
| FROM/DESDE | | | | |
| TO / HASTA | | | | |

EMERGENCY CONTACTS

| NAME / NOMBRE | PHONE / TELEFONO | BUSINESS / PROFESION | YEARS KNOWN AÑOS QUE LO CONOCE |
|---------------|------------------|----------------------|-----------------------------------|
| | | | |
| | | | |
| | | | |

| | | | | |
|--|--------------------------|-----------|--------------------------|----|
| HAVE YOU EVER BEEN CONVINCED OF PLEAD GUILTY / CONTEST TO A CRIME ? ALGUNA VEZ HA SIDO CONDENADO O SE HA DECLARADO CULPABLE DE ALGUN DELITO | <input type="checkbox"/> | YES SI | <input type="checkbox"/> | NO |
| IF YES, EXPLAIN. SI ASI ES, EXPLIQUE | | | | |
| | | | | |
| | | | | |

(A CONVICTION RECORD WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION. THIS INFORMATION WILL BE USED ONLY FOR JOB RELATED PURPOSES AND ONLY TO THE EXTENT PERMITTED BY LAW / UNA PENA NO LO EXCLUIRA NECESARIAMENTE COMO POSTULANTE LA INFORMACION SE USARA SOLO PARA FINES RELACIONADOS CON EL TRABAJO Y HASTA DONDE LA LEY LO PERMITA)

AUORIZATION / AUTORIZACION

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATIONS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATIONS SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.

THIS WAIVER DOES NOT PERMIT THE RELEASE OR USE OF DISABILITY -RELATED OR MEDICAL INFORMATION IN A MANNER PROHIBITED BY THE AMERICANS WITH DISABILITIES ACT (ADA) AND OTHER RELEVAT FEDERAL AND STATE LAWS."

"CERTIFICO QUE LOS DATOS CONTENIDOS EN ESTA SOLICITUD SON A MI MEJOR SABER Y ENTENDER VERDADEROS Y COMPLETOS A SU VEZ ENTIENDO QUE SI ME EMPLEAN, LAS DECLARACIONES FALSAS CONTENIDAS EN ESTA SOLICITUD SERAN CAUSA DEL DESPIDO.

AUTORIZO QUE SE INDAGUEN TODOS LOS DATOS, LAS REFERENCIAS Y LOS EMPLEADORES CONTENIDOS EN ESTA SOLICITUD, CON EL FIN DE RECABAR INFORMACION RELATIVA A MIS EMPLEOS ANTERIORES Y TODA LA INFORMACION PERTINENTE, PERSONAL O DE CUALQUIER OTRO TIPO QUE LOS MISMOS PUDIERAN APORTAR Y LIBERO A LA COMPAÑIA DE CUALQUIER RESPONSABILIDAD POR CUALQUIER DAÑQUE PUDIERA RESULTAR POR LA UTILIZACION DE DICHA INFORMACION

TAMBIEN ENTIENDO Y ACEPTO QUE NINGUN REPRESENTANTE DE LA COMPAÑIA ESTA FACULTADO PARA HACER UN CONTRATO POR ALGUN PERIODO DETERMINADO NI PARA HACER UN CONTRATO CONTRARIO A LO PROCEDENTE A MENOS QUE EL MISMO SEA POR ESCRITO Y FIRMADO POR UN REPRESENTANTE AUTORIZADO POR LA COMPAÑIA

ESTA DENEGACION NO PERMITE DIVULGACION NI EL USO DE INFORMACION MEDICA O RELACIONADA CON DISCAPACIDADES, TAL COMO LO ESTABLECE LA ADA (LEY DE ESTADOUNIDENSES CON DISCAPACIDADES) Y OTRAS LEYES FEDERALES Y ESTATALES PERTINENTES."

BY SIGNING THIS APPLICATION I HAVE AGREED THE AGENCY ARBITRATION AGREEMENT AS WELL AS FOR BOTH THE CONSENT TO BACKGROUND CHECK AND REFERENCE CHECK AS WELL AS FOR THE DRUG TEST CONCENT FORM

DATE / FECHA: _____ SIGNATURE / FIRMA: _____

DO NOT WRITE BELOW THIS LINE
NO ESCRIBA DEBAJO DE ESTA LINEA

INTERVIEWED BY: _____ DATE: _____

REMARKS

| |
|--|
| |
| |
| |

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

APPROVED 1.- _____ 2.- _____ 3.- _____
 EMPLOYMENT MANAGER DEPARTMENT HEAD GENERAL MANAGER



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9

OMB No.1615-0047

Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

| | | | | | | |
|--|---|---|----------------------------|-------------------------|--------------------------------|---|
| Last Name (Family Name) | | First Name (Given Name) | | Middle Initial (if any) | Other Last Names Used (if any) | |
| Address (Street Number and Name) | | | Apt. Number (if any) | City or Town | | State ZIP Code |
| Date of Birth (mm/dd/yyyy) | U.S. Social Security Number <input type="text"/> | | Employee's Email Address | | Employee's Telephone Number | |
| <p>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</p> | | Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.): | | | | |
| | | <input type="checkbox"/> 1. A citizen of the United States | | | | |
| | | <input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.) | | | | |
| | | <input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.) <input type="text"/> | | | | |
| <input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any) _____ | | | | | | |
| If you check Item Number 4. , enter one of these: | | | | | | |
| USCIS A-Number | | OR | Form I-94 Admission Number | | OR | Foreign Passport Number and Country of Issuance |
| Signature of Employee | | | | | Today's Date (mm/dd/yyyy) | |

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

| List A | | OR | List B | AND | List C |
|--|----------------------|-------------------------------|----------------------|-----|----------------------|
| Document Title 1 | <input type="text"/> | | <input type="text"/> | | <input type="text"/> |
| Issuing Authority | <input type="text"/> | | <input type="text"/> | | <input type="text"/> |
| Document Number (if any) | <input type="text"/> | | <input type="text"/> | | <input type="text"/> |
| Expiration Date (if any) | <input type="text"/> | | <input type="text"/> | | <input type="text"/> |
| Document Title 2 (if any) | <input type="text"/> | Additional Information | | | |
| Issuing Authority | <input type="text"/> | | | | |
| Document Number (if any) | <input type="text"/> | | | | |
| Expiration Date (if any) | <input type="text"/> | | | | |
| Document Title 3 (if any) | <input type="text"/> | | | | |
| Issuing Authority | <input type="text"/> | | | | |
| Document Number (if any) | <input type="text"/> | | | | |
| Expiration Date (if any) | <input type="text"/> | | | | |
| <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents. | | | | | |

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.

First Day of Employment (mm/dd/yyyy):

| | | | | |
|--|--|--|--|---------------------------|
| Last Name, First Name and Title of Employer or Authorized Representative | | Signature of Employer or Authorized Representative | | Today's Date (mm/dd/yyyy) |
| Employer's Business or Organization Name | | Employer's Business or Organization Address, City or Town, State, ZIP Code | | |

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.



Supplement B, Reverification and Rehire (formerly Section 3)

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
Supplement B
OMB No. 1615-0047
Expires 07/31/2026

| | | |
|--|--|---|
| Last Name (<i>Family Name</i>) from Section 1 . | First Name (<i>Given Name</i>) from Section 1 . | Middle initial (if any) from Section 1 . |
|--|--|---|

Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

| Date of Rehire (<i>if applicable</i>) | New Name (<i>if applicable</i>) | | |
|---|-----------------------------------|-------------------------|----------------|
| Date (<i>mm/dd/yyyy</i>) | Last Name (Family Name) | First Name (Given Name) | Middle Initial |

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

| | | |
|----------------|--------------------------|--|
| Document Title | Document Number (if any) | Expiration Date (if any) (<i>mm/dd/yyyy</i>) |
|----------------|--------------------------|--|

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

| | | |
|---|--|------------------------------------|
| Name of Employer or Authorized Representative | Signature of Employer or Authorized Representative | Today's Date (<i>mm/dd/yyyy</i>) |
|---|--|------------------------------------|

| | |
|--|--|
| Additional Information (Initial and date each notation.) | <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents. |
|--|--|

| Date of Rehire (<i>if applicable</i>) | New Name (<i>if applicable</i>) | | |
|---|-----------------------------------|-------------------------|----------------|
| Date (<i>mm/dd/yyyy</i>) | Last Name (Family Name) | First Name (Given Name) | Middle Initial |

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

| | | |
|----------------|--------------------------|--|
| Document Title | Document Number (if any) | Expiration Date (if any) (<i>mm/dd/yyyy</i>) |
|----------------|--------------------------|--|

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

| | | |
|---|--|------------------------------------|
| Name of Employer or Authorized Representative | Signature of Employer or Authorized Representative | Today's Date (<i>mm/dd/yyyy</i>) |
|---|--|------------------------------------|

| | |
|--|--|
| Additional Information (Initial and date each notation.) | <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents. |
|--|--|

| Date of Rehire (<i>if applicable</i>) | New Name (<i>if applicable</i>) | | |
|---|-----------------------------------|-------------------------|----------------|
| Date (<i>mm/dd/yyyy</i>) | Last Name (Family Name) | First Name (Given Name) | Middle Initial |

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

| | | |
|----------------|--------------------------|--|
| Document Title | Document Number (if any) | Expiration Date (if any) (<i>mm/dd/yyyy</i>) |
|----------------|--------------------------|--|

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

| | | |
|---|--|------------------------------------|
| Name of Employer or Authorized Representative | Signature of Employer or Authorized Representative | Today's Date (<i>mm/dd/yyyy</i>) |
|---|--|------------------------------------|

| | |
|--|--|
| Additional Information (Initial and date each notation.) | <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents. |
|--|--|

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

| | | | |
|---|--|-----------|---|
| Step 1: Enter Personal Information | (a) First name and middle initial | Last name | (b) Social security number |
| | Address | | Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov . |
| | City or town, state, and ZIP code | | |
| | (c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.) | | |

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, other details, and privacy.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Reserved for future use.

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

TIP: If you have self-employment income, see page 2.

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

| | | | |
|--|--|-------------|----|
| Step 3: Claim Dependent and Other Credits | If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ _____ Multiply the number of other dependents by \$500 \$ _____ Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here | 3 | \$ |
| Step 4 (optional): Other Adjustments | (a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income | 4(a) | \$ |
| | (b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here | 4(b) | \$ |
| | (c) Extra withholding. Enter any additional tax you want withheld each pay period | 4(c) | \$ |

| | | | |
|------------------------------------|--|-------------|--|
| Step 5: Sign Here | Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete. | | |
| | Employee's signature (This form is not valid unless you sign it.) | Date | |

| | | | |
|-----------------------|-----------------------------|--------------------------|--------------------------------------|
| Employers Only | Employer's name and address | First date of employment | Employer identification number (EIN) |
|-----------------------|-----------------------------|--------------------------|--------------------------------------|

CALIFORNIA DISCRIMINATION, HARRASMENT AND RETALIATION PREVENTION AND CORRECTION PLAN

EMPLOYEE ACKNOWLEDGEMENT

The agency is committed to creating and maintaining a workplace environment free from unlawful employment practices based on discrimination, harassment, or retaliation ("Misconduct").

California's Fair Employment and Housing Act (FEHA) Prohibits workplace Misconduct from or by YOUR SUPERVISORS, MANAGERS, COWORKERS AND THIRD PARTIES (Such as vendors or customers) based on any of the following:

- Age
- Ancestry
- Color
- Gender
- Gender Expression
- Gender Identity
- *Genetic Information
- *Marital Status
- *Medical
- *Mental Disability
- *Military and Veteran Status
- *National Origin
- *Physical Disability
- *Race
- *Religious Creed
- *Sex
- *Sexual Orientation

****WHAT IF THE EXPERIENCE OR SEE IS MISCONDUCT? ****

Report the misconduct – We Can't Help unless we know, and we won't know unless you tell us.

How to Report the Misconduct:

1. Call the agency to the following number: _____
If there is not an answer leave a voice message and our investigation team will return the call.
2. Request information from your branch to see who will be the direct contact to reach out with the investigation team
3. You may also report **Misconduct** to the
 - a. California Department of fair employment and housing (FEHA), or
 - b. U.S Equal Employment Opportunity Commission (EEOC)

When Misconduct is Reported, you can expect:

- 1.-**CONFIDENTIALITY**- All Reported Misconduct will remain confidential to the extent possible, but others may need to be told about some or all the details of the misconduct. We will Only Share with those who need to know and to the extent the details must be shared
- 2.-**INVESTIGATION**-A fair, Timely and thorough investigation will be documented and conducted by qualified and impartial persons.
- 3.**TIMELY**- We will communicate with you timely and frequently until the investigation is concluded;
- 4.-**CONCLUSION**-We will review our conclusion with you and give you (3) business days to provide additional and for your comments;
- 5.-**RESOLUTION**-We will take appropriate actions if we determine that misconduct occurred; and
- 6.-**NO RETALIATION**-You will not be retaliated against if you report suspected MISCONDUCT or participate in a misconduct investigation.

I have received and reviewed the California Discrimination, Harassment and Retaliation Prevention and Correctional Plan

PRINT NAME

SIGNATURE

DATE

SELECT HR SERVICES LLC

MEAL WAIVER

Employee Name _____ Employee Number _____

This agreement for Meal Period Waiver ('Agreement') is intended to offer further flexibility to your working conditions.

You and Personal HR Services agrees as follows:

- You may voluntarily waive your right to a meal period, provided that you do not work more than six (6) hours in the workday.
- You may voluntarily waive your right to a second meal period provided you have worked more than ten (10), but less than twelve (12) hours, and did not waive your first meal period that day.
- Waiver of a meal period is voluntary and not required for each meal period. If you wish to take a meal period instead of waiving, you will notify your supervisor in writing for each day that you do not want to waive the meal period.

You hereby agree and acknowledge by your signature below that you have entered into this Agreement freely and voluntarily. Both you and Personal HR Services have the right to revoke this waiver, in writing, at any time.

Employees Signature

Date

MUTUAL AGREEMENT TO ARBITRATE CLAIMS

This Mutual Agreement to Arbitrate Claims (this "Agreement") is between Staffing Agency and its subsidiaries and affiliated entities on the one hand, and the undersigned employee of the agency ("Employee" or "I," "me" or "my"), on the other hand, in consideration of the mutual promises stated in this Agreement.

1. Agreement to Arbitrate Disputes

Employment Agency Performance Team, and I recognize that differences may arise during, between, or following my employment with agency and assignment to Agency as a temporary laborer. Employment Agency and I agree and understand that by entering into this Agreement, Employment Agency and I prefer the benefits of a speedy, impartial dispute-resolution procedure if we cannot enter into an informal resolution agency and I agree to all of the following terms and conditions:

2. Applicability of the Federal Arbitration Act

Employment agency and I agree that the arbitration and this Agreement shall be governed by the Federal Arbitration Act ("FAA") and acknowledge that Agency business and the nature of my employment affect interstate commerce. This Agreement is a transaction in interstate commerce and therefore the FAA governs the interpretation and enforcement of this Agreement.

3. Final and Binding Arbitration

Employment agency and I understand and agree that we will arbitrate disputes and claims under this Agreement instead of a court trial before a judge and/or a jury. **Employment Agency and I understand and agree that, by signing this Agreement, we are expressly waiving any and all rights to a trial before a judge and/or a jury regarding any disputes and claims which we now have or which we may in the future have that are subject to arbitration under this Agreement.** We also understand and agree that the arbitrator's decision will be final and binding on all parties, subject to confirmation and review on the grounds set forth in the FAA.

4. Claims Covered by the Agreement

Except as otherwise expressly provided in this Agreement, Employment agency, and I agree to settle by final and binding arbitration the following claims ("Arbitrable Claims") arising out of or relating in any way to my hiring or employment by the agency, my work or performance of services on behalf of the agency or the ending of my employment with the employment agency or the end of my assignment to which the employment agency may have against me or which I may have against the agency or against any past or present officer, director, employee, agent, benefit plan sponsor, fiduciary or administrator of the agency, each in their capacity as such, and all successors and assigns of all the aforementioned persons and entities: any and all claims involving conduct alleged to be in violation of any local, state or federal statute, regulation, ordinance or common law, including without limitation any dispute with regard to the formation, performance, interpretation, application or termination of this Arbitration Agreement, the creation of any employment relationship, any employment relationship or termination thereof, the purported validity, interpretation, enforceability

by written request to the agency at the corporate office address listed above. I also acknowledge that I have been given the opportunity to review the foregoing rules before signing this Agreement.

Resolution of disputes shall be based solely upon the law governing the claims and defenses pleaded, and the arbitrator may not invoke any basis (including but not limited to, notions of "just cause") other than such controlling law. The arbitration shall be final and binding upon the parties. The arbitrator shall render a written award and opinion that reveals the essential findings and conclusions upon which he/she bases the award. Discovery shall be conducted as necessary to adequately arbitrate or defend any claims, including access to essential documents and witnesses, as determined by the arbitrator. The arbitrator shall have the authority to entertain a motion to dismiss and/or a motion for summary judgment by either party. The arbitration shall take place in the county in which I work or worked at the time the arbitrable dispute or claim arose. As to claims for \$10,000 or less (inclusive of attorneys' fees and costs), the agency and I can mutually agree whether the arbitration proceeds in person, by phone or based on submissions and on an expedited 180 day basis.

8. Resolution of Disputes

The agency and I understand and agree that any dispute as to the arbitrability of a particular issue or claim pursuant to this Agreement is to be resolved in arbitration. The arbitrator shall have exclusive authority to resolve any dispute relating to the interpretation, applicability, enforceability or formation of this Agreement including, but not limited to, any claim that all or any part of this Agreement is void or voidable. However, any issue concerning the validity of the class and collective action waiver provided in this Agreement must be decided by a court, not an arbitrator. If for any reason the class or collective action waiver is found to be unenforceable or void, in whole or in part, any affected class or collective action may only proceed in court and may not be arbitrated under this Agreement. However, to the extent that the class or collective action waiver is found to be enforceable, those claims that are enforceable in arbitration may only proceed as individual claims in arbitration.

9. Fees and Costs Unique to Arbitration

The agency and I understand and agree that, to the extent required by law as determined by the arbitrator, the agency will bear the arbitrator's fee and any other type of expense or cost that I would not be required to bear if the dispute or claim was brought in court, as well as any other expense or cost that is unique to arbitration.

10. Sole and Entire Agreement/Requirements for Modification or Revocation

This Agreement is the parties' complete agreement on the subject of arbitration of disputes. This Agreement supersedes any prior or contemporaneous oral or written understanding on the subject. No party is relying on any representations, oral or written, on the subject or the effect, enforceability or meaning of this Agreement, except as set forth in this Agreement. This Agreement to arbitrate shall survive the termination of my employment. It can only be revoked or modified by a writing

or breach of any policies or procedures, any purported employment agreement, any disputes or claims regarding my compensation (including but not limited to any claims pertaining to overtime pay, minimum wage or meal/rest breaks), harassment, discrimination, retaliation or any claim whatsoever arising out of my employment with the agency or my assignment to perform services for Performance Team.

5. Claims Not Covered by the Agreement

This Agreement does not apply to or cover the following claims: (a) claims that are subject to any binding grievance and arbitration provisions set forth in any collective bargaining agreement that covers the terms and conditions of my employment at the agency; (b) claims by me for workers' compensation benefits; (c) claims by me for unemployment insurance benefits; (d) claims by me for federal or state disability insurance benefits; (e) claims brought in a court of competent jurisdiction by either me or the agency to compel arbitration under this Agreement, to enforce an arbitration award, or to obtain preliminary injunctive and/or other equitable relief in support of claims to be prosecuted by either party in arbitration; (f) claims based upon a pension or benefit plan that contains an arbitration provision or other dispute resolution procedure, in which case the provisions of such plan shall apply; (g) claims that are currently pending in litigation in any forum; (h) representative actions under the California Private Attorneys General Act or other federal, state or local statutes or ordinances of similar effect; however, the Parties agree that such representative actions shall be stayed pending the completion of arbitration of all Arbitrable Claims; and (i) any claim not identified as an "Arbitrable Claim" in Section 4 above. Nothing in this Agreement is intended to or does prohibit the filing of an administrative charge with any federal, state or local government agency, office or official ("Government Complaint").

6. Class Action Waiver

The Agency and I agree that we must bring all claims covered by this Agreement against the other party only in the parties' individual capacity, and not as a plaintiff or class member in any purported class, collective or representative proceeding. To the maximum extent permitted by law, the parties hereby waive any right to bring on behalf of any person other than themselves, or to otherwise participate with other persons, in any class or collective action. This provision shall not constitute a waiver of any right I may have under Section 7 of the National Labor Relations Act, as amended, to engage in protected concerted activity, and the agency will not discipline, discharge, or otherwise retaliate against me for exercising any right I may otherwise have under Section 7 of the National Labor Relations Act. However, either party may enforce this provision under the FAA and seek dismissal of class or collective action or claims. The agency and I acknowledge and agree that the conditions set forth in this provision are material terms of this Agreement.

7. Arbitration Procedures

The arbitration shall be conducted by a neutral arbitrator in accordance with the National Rules for the Resolution of Employment Disputes issued by the American Arbitration Association ("AAA") that are in effect when the dispute is submitted to arbitration, or other rules mutually agreed upon in writing by the Parties.

signed by me, the agency Chief Executive Officer, and Performance Team's Chief Executive officer that specifically revokes or modifies this Agreement.

11. Severability

If any provision or portion of a provision of this Agreement is deemed to be invalid, void or otherwise unenforceable, that determination will not affect the validity and enforceability of the remainder of the Agreement.

12. Acknowledgement

THE PARTIES ACKNOWLEDGE AND AGREE THAT EACH HAS READ THIS AGREEMENT CAREFULLY AND UNDERSTAND THAT BY SIGNING IT, EACH IS WAIVING ALL RIGHTS TO A TRIAL OR HEARING BEFORE A JUDGE OR JURY OF ANY AND ALL DISPUTES AND CLAIMS SUBJECT TO ARBITRATION UNDER THIS AGREEMENT.

I, EMPLOYEE, ACKNOWLEDGE THAT ALL UNDERSTANDINGS AND AGREEMENTS BETWEEN PSG, PERFORMANCE TEAM, AND ME RELATING TO THE SUBJECTS COVERED IN THE AGREEMENT ARE CONTAINED IN THIS AGREEMENT, AND THAT I HAVE ENTERED INTO THIS AGREEMENT VOLUNTARILY AND NOT IN RELIANCE ON ANY PROMISES OR REPRESENTATIONS BY THE AGENCY TEAM OTHER THAN THOSE CONTAINED IN THIS AGREEMENT ITSELF. I FURTHER ACKNOWLEDGE THAT I HAVE BEEN GIVEN THE OPPORTUNITY TO AND HAVE BEEN ADVISED TO DISCUSS THIS AGREEMENT WITH MY PRIVATE LEGAL COUNSEL OR REPRESENTATIVE OF MY CHOOSING AND HAVE AVAILED MYSELF OF THAT OPPORTUNITY TO THE EXTENT I WISH TO DO SO.

EMPLOYEE

Employee Signature: _____

Employee Printed Name: _____

Date: _____

Employment Agency

Name: _____ Employee Number: _____

Present Address: _____

Social Security: _____ Other Form Of ID _____

Position: _____ Site of Employment: _____

Shift: _____

Today's Date: _____

Consent To Background and Reference Check

I, _____, hereby authorize Agency (Company) and/or its agents to make investigation of my background, references, character, past employment, consumer reports, education and criminal history record information which may be in any state or local files, including those maintained by both public and private organizations, and all public records, for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for employment. A telephone facsimile (fax) or xerographic copy of this consent shall be considered as valid as original consent.

I hereby consent to the Company's verification of all the information I have provided on my application form. I also agree to execute as a condition of employment or condition of continued employment any additional written authorization necessary for the Company to obtain access to and copies of records pertaining to this information. I also hereby authorize the Company's access to my medical histories or records pertaining to me and any other individuals who due to my employment may be covered by any Company medical or other insurance program. With regard to the foregoing disclosures, I hereby agree to release any person, company, or other entity from any and all causes of action that otherwise might arise from supplying the Company with information it may request pursuant to this release. I understand that any false answers or statements, or misrepresentations by omission made by me on this application or any related document, will be sufficient for rejection of my application or for my immediate discharge should such falsifications or misrepresentations be discovered after I am employed.

Applicant: _____

By: _____

Date: _____

Employment Agency

Name: _____ Employee Number: _____

Position: _____ Site of Employment: _____

Shift: _____

Today's Date: _____

DRUG/ALCOHOL TESTING CONSENT FORM

I, _____, hereby give my consent to authorize my employer known as

Select HR Services LLC, and the testing laboratory designated to conduct analytical tests deemed necessary, on an ongoing basis, to determine the absence or the presence of

- Alcohol - Class A Drugs (heroin, cocaine, etc.) - Class B Drugs (cannabis, amphetamines, etc.) in my body through the use of urine, hair, blood, breath or any sample as specified by statute and regulation.

I give my consent to release the results of the test(s) and other medical information from the laboratory to my employer pursuant to statute or regulation with the condition that the results may not be used in any criminal proceeding.

My employer may request proof that I am taking a controlled substance as directed pursuant to a lawful prescription issued in my name. If requested, I agree to provide such proof within 72 hours.

I have the right to request a re-test of the initial specimen at a licensed laboratory of my choice if and when I have a positive test for drugs. All requests for a re-test of the sample must be made within ten (10) working days of the receipt of the original positive test result. The results of the samples must be forwarded to me by the appointing authority of the licensed laboratory.

I further understand that a positive test, refusal to authorize this form, refusal to take the test, or failure to produce a specimen, may result in disciplinary action up to and including dismissal in accordance with any local, State, or Federal statute, regulation, and policy.

Employee Signature _____ Print _____

Date _____