



Acknowledgment and Agreement

Employee Handbook

This is to acknowledge that I have received a copy or am able to access a copy of the American Pro Staffing, Inc. Employee Handbook.

I understand that the Employee Handbook sets forth the terms and conditions of my American Pro Staffing, Inc. employment. I understand and agree that it is my responsibility to read the Employee Handbook and to abide by the rules, policies, and standards set forth. I also understand that except for the American Pro Staffing, Inc. policy of at will employment, American Pro Staffing, Inc. reserves the right to revise, delete, and/or add to the provisions of this Employee Handbook. No oral statements or representations can change any provisions of this Employee Handbook.

I understand that, with the exception of written employment agreements, this Employee Handbook, supersedes all prior agreements, understandings, and representation concerning my employment with American Pro Staffing, Inc. It is my responsibility to obtain the latest version of the Employee Handbook.

I understand overtime will be paid after I have worked 40 hours per week. _____

Date

Employee Name(Printed)

Employee Signature



New Hire Employee Consent to Drug and/or Alcohol Testing

In the Interest of safety in the workplace, all employees of this company will be required to take a urine test for drug and/or alcohol use.

The undersigned employee has been fully informed of the reasons for a urine test for drug and/or alcohol use and of the procedure that is involved in the testing.

The undersigned employee fully and freely consents to the required urine test for American Pro Staffing, Inc. and also any random drug screenings American Pro Staffing, Inc. deems necessary based on suspicions or on the job accidents.

In addition, the undersigned understands that the results of this test will become a permanent part of his or her personnel file. A positive result of this test may result in termination of employment with this company. Finally, if the results of this test are positive, the employee understands that he or she will be given an opportunity to explain the results of this test.

Date

Employee Name(Printed)

Employee Signature

Office use only

Screening Results: Positive ☐ Negative ☐ Explain: _____

Signature: _____



Consent to release Information

I _____ understand that American Pro Staffing, Inc. has the right to monitor any internet and social media use. The content that is posted should uphold the views and standards of American Pro Staffing, Inc. Also, American Pro Staffing, Inc. has the right to terminate employment if we feel the content you have posted is offensive to clients, employees, or reflects badly upon our company.

I, _____ do consent and authorize American Pro Staffing, Inc., of 663 N Dixie Blvd, Suite E, Radcliff, Ky 40160 to release any and all employment records of mine that they might have in their possession to any client as appropriate with my job placement.

I release the above party from any liability for the release of any information or records based on this consent and authorization.

Date

Employee Name (Print)

Employee Signature



American Pro Staffing

Acknowledgment and Agreement

Cell Phone Policy

I understand that the Employee Cell phone policy sets forth the terms and conditions of my American Pro Staffing, Inc. employment. I understand and agree that it is my responsibility to adhere to this policy or I could be terminated. No oral statements or representations can change any provisions of this policy. Use of personal cell phones, mobile phones or personal digital assistants for text messaging is prohibited during standard working hours. Personal text messaging must be handled on break or lunch. If you have an emergency situation, contact your immediate supervisor. If you are caught with a cell phone, mp3 player, charger, or any other device it will result in immediate termination. There will be no warning given.

I have read and will abide by the terms of this policy regarding the use of electronic devices while at the workplace. _____

Date

Employee Name(Printed)

Employee Signature



Acknowledgment and Authorization Regarding Background Investigation

I acknowledge receipt of the following documents: DISCLOSURE REGARDING BACKGROUND INVESTIGATION, A SUMMARY OF YOUR RIGHTS UNDER THE FAIR REPORTING ACT, and ADDITIONAL STATE LAW NOTICES. I certify that I have read and understand those documents.

I hereby authorize the obtaining of "consumer reports" about me by American Pro Staffing, Inc. at any time during the hiring process and throughout my employment, if applicable. I allow American Pro Staffing, Inc. to share all background information to clients related to my job placement. To this end, I hereby authorize without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by SentryLink LLC, 7500 Greenway Drive, Suite 1040, Greenbelt, MD 20770, (877) 736-8791 with website www.sentrylink.com, another outside organization and/or company itself.

I agree that a facsimile (fax), electronic or photographic copy of the Authorization shall be as valid as the original.

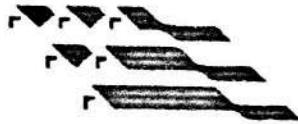
Minnesota and Oklahoma Applicants or Employees ONLY: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company ☐

California Applicants or Employees ONLY: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT OF CALIFORNIA LAW, and consent to the Company receiving "Investigative Consumer Reports" (as that phrase is defined by California Law). Please check this box if you would like to receive a copy of an investigative consumer report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California Law.

Date _____

Employee Name(First, Middle, Last)

Employee Signature



American Pro Staffing

Acknowledgment and Agreement

Safety Policy Agreement

American Pro Staffing, Inc. believes in doing its best to keep all employees safe at work. We have taken the time to create a Safety Manual for your benefit as well as our own. We want everyone to understand that safety is the most important factor in everyone's work environment.

In order for American Pro Staffing, Inc. to have a safe work environment, everyone has to work together and be a team.

Employee Acknowledgment:

I have received the American Pro Staffing, Inc. Safety Policy and Drug Test Policy. I have read and I understand the policy and the procedures that are contained in the manual. I also understand that it does not contain all safety related rules and regulations.

I understand that failure on my part to follow all safety regulations or failure of the Drug Test Policy will lead to my termination. Furthermore, I understand that in order to work at American Pro Staffing, Inc. I must follow all safety rules and regulations and pass all drug and/or alcohol tests that are given by American Pro Staffing, Inc. or any other contractor where American Pro Staffing, Inc. will be performing work. I will take pride in the company safety policy in order to have a safe work place.

Date

Employee Name(Print)

Employee Signature



American Pro Staffing

Bloodborne Pathogen Exposure Control Plan

Appendix F

Hepatitis B Vaccine Declination

I understand that, due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring the Hepatitis B (HBV) Infection. I have been given the opportunity to be vaccinated with Hepatitis B Vaccine, at no charge to me. However, I decline the Hepatitis B Vaccination at this time.

I understand that by declining this vaccine, I continue to be at risk of acquiring the serious disease Hepatitis B.

If, in the future, I continue to experience occupational exposure to blood or other potentially infectious materials and I wish to be vaccinated with the Hepatitis B Vaccine, I can receive the vaccination series at no charge to me.

Date

Employee Name(Print)

Employee Signature



Employee Direct Deposit Enrollment Form

To enroll in full service direct deposit, simply fill out this form and give to American Pro Staffing, Inc. upon employment. Attach a voided check. If depositing to a savings account ask your bank to give you the routing/ transit number for your account.

IMPORTANT! PLEASE READ AND SIGN BEFORE COMPLETING AND SUBMITTING.

I HEREBY AUTHORIZE American Pro Staffing, Inc. to deposit any amounts owed, as instructed by my employer, by initiating credit entries to my account at the financial institution indicated on this form. If American Pro Staffing, Inc. deposits funds erroneously in my account, I authorize American Pro Staffing, Inc. to debit my account for the amount not to exceed the original amount of the erroneous credit. This authorization is to remain in full force and effect until American Pro Staffing, Inc. and the Bank have received written notice from me of its termination in such time and in such manner to afford American Pro Staffing, Inc. and the Bank reasonable opportunity to act on it. I understand if my account information is incorrect, it could delay me getting paid for 3-5 business days.

Employee Name: _____ Social Security #: _____

Employee Signature: _____ Date: _____

Account Information

A VOIDED CHECK IS PREFERRED, but if you do not have a voided check and cannot go to your bank and obtain one, please fill out the account and routing number for your Bank.

1. Bank Name/ City/ State: _____
Account #: _____
Routing Transit #: _____
Checking Savings I wish to deposit \$ _____ Or ☐ Entire Net Amount
2. Bank Name/ City/ State: _____
Account #: _____
Routing Transit #: _____
Checking Savings I wish to deposit \$ _____ Or ☐ Entire Net Amount
3. Bank Name/ City/ State: _____
Account #: _____
Routing Transit #: _____
Checking Savings I wish to deposit \$ _____ Or ☐ Entire Net Amount

Form W-4 (2019)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. You may claim exemption from withholding for 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of all federal income tax withheld because you had **no** tax liability, and
- For 2019 you expect a refund of all federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line F. Credit for other dependents. When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

W-4 Form Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2019	
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."			
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>			
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)		5			
6 Additional amount, if any, you want withheld from each paycheck		6		\$	
7 I claim exemption from withholding for 2019, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here		7			
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶					
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		9 First date of employment		10 Employer identification number (EIN)	

KENTUCKY DEPARTMENT OF REVENUE
EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Payroll No. _____

Print Full Name _____ Social Security No. _____

Print Home Address _____

HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

EMPLOYEE:

Failure to file this form with your employer will result in withholding tax deductions from your wages at the maximum rate.

EMPLOYER:

Keep this certificate with your records.

1. If SINGLE, and you claim an exemption, enter "1," if you do not, enter "0"
2. If MARRIED, one exemption each for you and spouse if not claimed on another certificate.
(a) If you claim both of these exemptions, enter "2"
(b) If you claim one of these exemptions, enter "1"
(c) If you claim neither of these exemptions, enter "0"
3. Exemptions for age and blindness (applicable only to you and your spouse but not to dependents):
(a) If you or your spouse will be 65 years of age or older at the end of the year, and you claim this exemption, enter "4"; if both will be 65 or older, and you claim both of these exemptions, enter "8"
(b) If you or your spouse are blind, and you claim this exemption, enter "4"; if both are blind, and you claim both of these exemptions, enter "8"
4. If you claim exemptions for one or more dependents, enter the number of such exemptions
5. National Guard exemption (see instruction 1)
6. Exemptions for Excess Itemized Deductions (Form K-4A)
7. Add the number of exemptions which you have claimed above and enter the total
8. Additional withholding per pay period under agreement with employer. See instruction 1 \$ _____

I certify that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled.

Date _____ Signed _____



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [] [] [] - [] [] - [] [] []		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

- ☐ 1. A citizen of the United States
- ☐ 2. A noncitizen national of the United States (See instructions)
- ☐ 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- ☐ 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____
Some aliens may write "N/A" in the expiration date field. (See instructions)

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:
An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: _____
OR
2. Form I-94 Admission Number: _____
OR
3. Foreign Passport Number: _____
Country of Issuance: _____

QR Code - Section 1
Do Not Write in This Space

Signature of Employee _____ Today's Date (mm/dd/yyyy) _____

Preparer and/or Translator Certification (check one):

- ☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		<div>Additional Information</div> <div>QR Code - Sections 2 & 3 Do Not Write in This Space</div>		
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear 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.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

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

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

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 document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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In efforts to prevent transmission of Covid-19, we require all applicants and employees of American Pro Staffing, Inc., to self-access for possible symptoms. These include:

- Fever or
 - Cough or
 - Shortness of breath
- If you develop emergency warning signs for COVID-19 get medical attention immediately
- Emergency warning signs include*:
 - Trouble breathing
 - Persistent pain or pressure in the chest
 - New confusion or inability to arouse
 - Bluish lips or face

*This list is not all inclusive. Please consult your medical provider for any other symptoms that are severe or concerning.

- Keep away from others who are sick
- Limit close contact with others as much as possible (about 6 feet)
- Practice good hand hygiene

If you have experienced any of these symptoms, please stop what you are doing and contact local health officials immediately.

I, _____, have carefully read the information provided above and acknowledge that I have not had symptoms of Covid-19. Likewise, to my knowledge, I have not had contact with any persons who have exhibited symptoms or been diagnosed with Covid-19. If I develop symptoms listed above, I will not go into work and I will let my employers know. I understand that if I knowingly and willfully put others at risk, my employment will be terminated immediately.

Printed Name

Signature

Date



American Pro Staffing

Employment Application

Applicant Information

Full Name: _____ DOB: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit#
City State Zip Code

Phone: _____ Email: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Have you ever worked for this company? YES ☐ NO ☐ If yes, when? _____

Have you ever been convicted of a felony? YES ☐ NO ☐

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Emergency Contact

Please list Emergency Contact.

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES ☐ NO ☐

Military Service

Branch: _____ From: _____ To: _____
Rank at Discharge: _____ Type of Discharge: _____
If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____