



APPLICATION FOR EMPLOYMENT

Client Company _____

Employee SSN _____

Hourly/Rate _____

City State _____

Employee DOB _____

Salary/Amount _____

W/C Code _____

Piecework Rate/Amount _____

The information contained in the Application for Employment is vital to your employment with The People Company One Inc. dba The People Company. (hereafter any and all of which will be referred to as PEO). All documents must be filled out completely and signed by you **BEFORE** an offer of employment can be extended. You will be considered for employment without regard to race, color, religion, sex, national origin or age.

ONE OR MORE OF THE FOLLOWING CONDITIONS MET BY AN EMPLOYEE CONSTITUTES A VOLUNTARY QUIT CONNECTED WITH THE WORK AND UNEMPLOYMENT BENEFITS MAY BE DENIED:

1. Failure to call PEO at the end of the assignment with notification of your availability, regardless of the reason of separation with the client;
2. Failure to call three (3) times weekly when not on assignment. (561-406-0972);
3. Failure to notify PEO with your change of address or phone number;
4. Refusal or failure to accept a suitable work assignment based upon pay, qualification or location; and
5. PEO receipt of an unemployment claim from you without prior notification of your availability.

I. ACKNOWLEDGEMENT AND VERIFICATION

By initialing and signing this application for employment I acknowledge and verify that I have received a copy of the PEO policies, have read, fully understand, and agree if hired to abide by these policies.

I understand this information is not for payroll purposes only

I have been advised and understand that if I am hired, I will be an employee of PEO and leased to one of its client companies.

The client company will be my on-site employer and will direct the day-to-day activities of my employment.

I have been advised and understand that PEO carries worker's compensation insurance. I have received the PEO substance abuse policy and will comply.

I have received the PEO Accident/ Injury / Illness procedures.

I understand and agree that either PEO or I can terminate our employment relationship at any time as I am

An at-will employee of the PEO.

II. HIPPA Authorization

I authorize PEO, or its agent, subsidiary or affiliate to obtain any medical records (excluding psychotherapy notes) from any physicians, hospitals and/or other health care providers concerning my care. I also authorize any physicians, hospitals, and/or other health care providers to furnish any medical records (excluding psychotherapy notes) concerning my care to PEO, or its agent, subsidiary or affiliate. This information is needed to evaluate my health condition and continued eligibility for employment and insurance coverage. I understand that the entities indicated above can request medical records for up to the past 10 years. I further authorize PEO, or its agent, subsidiary or affiliate to require me to submit to an alcohol or drug test following any on the job injury for which I seek medical treatment, and to receive the results. I understand that I may revoke this Authorization at any time by submitting written notice to PEO.

Printed Name of Individual

Signature of Individual

Date

I understand that the information disclosed by this authorization could be re-disclosed by the person receiving it and is no longer protected by federal or state legal privacy requirements. PEO, its affiliates, its employees, and officers are not legally responsible or liable for the re-disclosure of the information indicated on this authorization.

III. Payroll Deduction Authorization

By signing below, I authorize deductions when applicable to be made out of my paycheck for tools, uniforms, health insurance, errors in payroll, court ordered deductions, overpayments and any other work-related deductions allowable by law.

Applicant Signature

Date

IV. Wage Disputes

I understand and agree that the client company is solely obligated to pay any wages for which the obligation to pay is created by an agreement, contract, plan or policy between the client company and myself and that PEO has not contracted to pay.

Applicant Signature

Date

V. Arbitration

I agree that my sole recourse for resolving any dispute with PEO arising under my employment, including but not limited to wage claims, shall be to arbitrate such dispute. Such arbitration shall be pursuant to the arbitration laws of the State of Florida and the rules, then obtaining, of the American Arbitration Association. Venue of any action shall be in Florida. PEO is based in Jupiter, Florida and Applicant acknowledges that this Agreement is to be partially performed in Jupiter, Florida.

Applicant Signature

Date

In signing below, I acknowledge that I have read and understand all the terms of this Application for Employment.

Applicant Signature

Date

Phone Number