

POLICIES AND PROCEDURES CHECKLIST

- 1. I understand Office Resources takes their responsibility as my employer very seriously, and that they have gone to great lengths to provide a safe work environment. If I am injured on the job, Office Resources will deal promptly with legitimate claims and has workers compensation insurance that will pay medical expenses and wages. I also understand that Office Resources has extensive experience investigating claims and will fight fraudulent claims with all available resources.
- 2. If I sustain an injury on the job, I will inform the client and Office Resources immediately who will coordinate with the client and myself the proper procedures for treatment and reporting of the accident.
- 3. Office Resources has a strict "Substance Abuse Policy," and I have signed a consent form to submit to drug testing. I understand that my failure to comply with this agreement will be grounds for my immediate termination.
- 4. I understand and will comply with Office Resources' safety rules and regulations and hazardous communication program explained to me in Office Resources' orientation.
- 5. I am telephone accessible and I have reliable transportation.
- 6. I understand that I am an employee of Office Resources and only Office Resources or I can terminate my employment. When an assignment ends I must report to Office Resources for my next job assignment. Failure to do or to accept my next job assignment will indicate that I have voluntarily quit and will not be eligible for unemployment benefits.
- 7. I understand that I am expected to complete any job assignment I accept. I understand that if I do not complete or promptly notify of my inability to complete the assignment, or if I do not report for my assignment then Office Resources may assume that I have voluntarily quit, and I will not be eligible for unemployment benefits.
- 8. If for some unexpected reason, such as an emergency or illness, I cannot make it to work or will be late, I will contact Office Resources as soon as possible.
- 9. I understand Office Resources' requirements for receiving information, documenting hours worked, the method of providing this information, and the time frame for me to provide this information. I understand Office Resources will not recognize or pay for any hours worked by an employee without proper documentation verifying hours worked.
- 10. I have read and fully understand the above statements regarding Office Resources' policies and procedures and agree to the same. I understand that failure to comply with these policies and procedures could lead to my termination and may jeopardize my insurance benefits.

Applicant

Date

Interviewer

Date