

USC, Inc. & USC Labor Solutions, Inc.

Employment Application

Applicant Information

Full Name: _____ **Date:** _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ **Email:** _____

Date Available: _____ **Social Security No.:** _____ **Date of Birth:** _____

Emergency Contact: _____

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

Please circle the highest grade completed: 7 8 9 10 11 12 13 14 15 16+

Did you either graduate from high school or receive a GED? YES NO

References

Please list two professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Special Job Interests

Please give us an idea of previous job descriptions, jobs you're interested in doing, certificates you may have or job-related skills.

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

Direct Deposit/Check Retrieval

If you'd like direct deposit instead of a paper check, please attach a voided copy of your personal check or a direct deposit letter from your bank to assure USC has your correct routing and account number. Your voided check or bank letter must have your full name on it, we cannot take temporary checks. Only those with a valid bank account may take advantage of direct deposit, we cannot direct deposit to a prepaid/loadable card of any kind.

*For security purposes, if you would like someone other than yourself to pick up your check, USC requires a signed permission slip from you. Please provide their full name and let them know they will need to have valid I.D. when picking up your check.

I hereby authorize USC (the depositor) to initiate direct deposit for payroll and/or bonus checks (and, if necessary, adjustments to any deposits made in error to my account). I further authorize the depositor to credit and/or debit the same to such account. This authority is to remain in full force and effect until the depository or USC has received written notification in such time and manner as to afford USC and the depository a reasonable opportunity to act. Any changes to your account must be accompanied by this form and signed prior to change.

Signature: _____ Date: _____

Certification, Release, Policies

I certify and declare under penalty of perjury under relevant state and federal law that the information contained in my employment application is complete, true and accurate. I acknowledge that falsification or omission of information may result in immediate dismissal or retraction of any offer of employment. I authorize the Company and/or its agents, including consumer reporting bureaus, to verify any of this information as well as exchange information regarding pre-employment/background/drug or alcohol testing with USC Clients. I release all former employers, persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information.

As an employee of USC (USC, we, us or the Company), you agree that you will inform any client who offers you employment that they must contact the Company to hire you for permanent employment.

You understand that the Company is solely responsible for your wages, for the payment of employer taxes, workers compensation and for withholding all your taxes. Clients are not responsible for these payments and you are not entitled to any benefits offered by our clients to their respective employees. You hereby waive any right to such benefits and promise to not make any claim to such benefits.

You agree that USC can terminate the employment relationship at any time for any/no reason without prior notice. No temporary position is guaranteed to last for any specific period of time. No promise made by a Company employee can alter your status or create any other form of employment relationship. This can only be done by written documentation signed by an executive of the Company. You understand there is no guarantee of placement once interviewed by the Client Company.

Any confidential information you may learn as to the Client or this Company while employed by us or assigned to a client will not be disclosed to any person and will not be used for any purpose other than the specific purpose of authorized by your assignment.

This company is an equal opportunity employer. Our policy prohibits discrimination due to sex, race, color, national origin, religion, age, disability, union membership or any other status protected by law. Our company policy also prohibits sexual harassment and has zero tolerance for actual or threatened violence towards employees, customers, clients or any other persons who are present on a Client's property or have contact with employees while working. You should contact your supervisor immediately if you feel you have been discriminated against or sexually/violently harassed. If you need any reasonable accommodations due to your assignment you must inform your supervisor.

Your employment period with USC starts when USC places you on assignment with Client Companies. When placed on an assignment with a Client Company by USC, you would not be able to accept employment with Client Company without written authorization from USC.

I understand and accept the above policies per my signature below.

Signature: _____

Date: _____

USC Witness: _____

Date: _____

USC Company Drug Policy and Testing Consent

USC, Inc. is a drug free workplace. The purpose of this policy is to ensure the safety of all employees and to promote productivity. This policy applies to all employees and temporary workers. Substances covered under this include any and all alcohol, illegal drugs (any substance illegal to use, possess, sell or transfer), inhalants, prescription (any substance prescribed for an individual by a licensed health care provider) and over-the-counter drugs. It also includes any "drug paraphernalia" (i.e. any items used or intended for the use in making, packaging, concealing, injecting, inhaling or consuming illegal drugs/inhalants). You may not use, possess, sell, buy, transfer or be under the influence of any such illegal substances or paraphernalia listed herein at any time. Prescription and/or over-the-counter drugs may be taken on the job if A. A licensed health care provider prescribed it for you within the last year B. If they do not affect your ability to work safely C. You follow directions including dosage limits and usage cautions D. You keep the drugs in their original containers. The Company may consult with a doctor to determine if a prescription or over-the-counter drug may create a risk while using it on the job. The Company may change your work duties or restrict you from working while you are using a prescription drug or over-the-counter medication that creates such a risk, including but not limited to, not using machinery or vehicles.

You are "under the influence" if any substance 1. Impairs your behavior or ability to work safely and productively 2. Results in a physical or mental condition that creates a risk to your own safety, the safety of others, the safety of the Company or Client property 3. Is shown to be present in your body, by laboratory evidence, in more than an identifiable trace.

These rules apply while you are on Company or Client premises and while you conduct company business.

We reserve the right to conduct alcohol and drug tests at any time. Testing may include urine, blood or breathalyzer tests. Before testing, you have the chance to explain the use of any drugs. Tests will remain confidential. We may terminate your employment if you violate this policy, refuse to be tested, or provide false information.

I have read the above drug and alcohol abuse policy and agree to follow said policy per my signature below.

Signature: _____ **Date:** _____

USC Witness: _____ Date: _____

Absence and Injury Procedures

If you are going to be absent –

- ✓ Contact your supervisor as soon as you know you will be absent. Do not leave a voicemail.
- ✓ Obtain your supervisors home phone number or cell phone number as soon as your position starts.
- ✓ If you can't reach your supervisor, please call USC Labor Solutions, Inc. at 970-874-3549.

If there is an injury –

- ✓ No matter how minor your injury is, you must report it to your supervisor.
- ✓ You must also notify USC Inc. at 970-874-3549 or on call/emergencies at 970-216-3258.
- ✓ An injury and/or accident report must be completed at the work site on the date of the injury. If the injury is major, the injury and/or accident report is to be filled out as soon as possible.
- ✓ An injury and/or accident report must be completed at USC on the date of the injury. If the injury is major, the injury and/or accident report is to be filled out as soon as possible.

**You agree that when injured on the job you will notify the company as soon as possible, by phone or personal contact. At that time, you will report to a predetermined medical facility where you will submit to a drug and alcohol test. It is understood that you will not self-administer drugs or alcohol between the time of injury and your testing. Any failure to comply with these conditions will give cause to contest any claim made by you for your workers compensation or medical claim and that your claim may be denied, and employment terminated. **

I understand and accept the above procedures per my signature below.

Signature: _____ **Date:** _____

USC Witness: _____ Date: _____

Voluntary Payroll Deduction Authorization Form

Today's Date: _____

Full Name: _____

Last 4 numbers of Social Security Number: _____

It is understood and agreed that if any tools, supplies, allowances, P.P.E. (e.g. hard hat, vest, safety goggles, etc.), or any services rendered are disbursed to me, I am responsible for such equipment, monies, and/or services.

It is understood that if any of the above-mentioned items are accepted from any USC Labor Solutions, Inc. facility or corporate representative and not paid for by me, I am still responsible for reimbursing USC Labor Solutions, Inc. The amount due will be based upon the vendors invoice and an assessment of USC Labor Solutions, Inc. related costs.

It is understood and agreed that any P.P.E./work supplies, as mentioned above, given to me by USC Labor Solutions, Inc. will be reimbursed to USC Labor Solutions, Inc. by means of a fee. This fee will be charged in weekly/biweekly increments depending on pay periods and taken out of any payroll check (including prevailing/Davis-Bacon wages) I receive from USC Labor Solutions, Inc. If, for any reason, I quit, am terminated, or choose not to show up and do not call in, the total fee will be deducted from any final checks owed to me.

**Whatever equipment/PPE you as the employee receives will be check marked below, broken down into your weekly/biweekly increments and totaled for your entire fee amount prior to you signing off. **

- Hard Hat - \$
- Safety Vest - \$
- Safety goggles/glasses - \$
- Safety gloves - \$
- Fire Resistant Clothing - \$
- Other _____ - \$

Your total fee owed: \$ _____

Your weekly or biweekly (dependent on payroll periods) fee until total amount owed above is reached:
\$ _____

I understand and accept the above payroll deductions per my signature below.

Signature

Date

USC Witness Signature

Date

General Safety Rules

These general safety rules are designed to provide you with knowledge of the recognized and established safe practices and procedures that apply to many of the work situations you may encounter while employed at this organization. It would be impossible to cover every work situation. If you are in doubt about the safety of any condition, practice or procedure consult your supervisor for guidelines.

1. **ACCIDENT REPORTING:** Report all accidents or near misses to your supervisor before the end of your shift. Falsification of company records, including employment applications, time records or safety documentation will not be tolerated.
2. **HAZARD REPORTING:** Employees are responsible for notifying a supervisor immediately of any unsafe condition and/or practice.
3. **ALCOHOL OR ILLEGAL DRUGS:** No illegal drugs or alcohol will be allowed on the worksite. Employees will notify their supervisor of any prescription drugs that might affect their judgment.
4. **SEAT BELTS:** All employees who drive or ride in company vehicles or are on company business and drive their own vehicles must wear seat belts.
5. **HORSEPLAY:** Wrestling, running, pushing, throwing any item in play or other disorderly conduct is forbidden while on the job.
6. **MACHINERY:** Report broken or malfunctioning equipment to your supervisor immediately. Only trained, authorized employees are permitted to service or repair equipment and then only after deactivating all energy sources and locking out equipment. Only authorized machinery with all required guards will be used. If you are not familiar with the safety operation of a piece of machinery, ask your supervisor for instruction.
7. **HAZARDOUS MATERIALS:** Follow proper use and handling procedures for all hazardous materials. Do not use a chemical if you are not familiar with the hazardous properties or have not received and been trained on the required protective equipment.
8. **HOUSEKEEPING:** All employees are required to keep their work area clear of debris or other tripping or slipping hazards. All debris must be disposed of properly in designated areas.
9. **PERSONAL PROTECTIVE EQUIPMENT:** Employees must practice proper use, care and storage of person protective equipment AKA P.P.E.
10. **SIGNS/LABELS:** Pay attention to all signs and labels. They are present as reminders for safety.
11. **DRINKING WATER:** Always drink from regular water fountains or approved water coolers. Water from any other source may be unsafe to drink.
12. **HYGIENE:** It is each employee's responsibility to maintain personal hygiene particularly when working with hazardous chemicals. Eat or smoke only in designated areas, and always wash your hands before eating/smoking.
13. **CONCENTRATE:** Most accidents can be avoided by concentrating on the job to be done. Always be aware of your surroundings and what is going on around you. Safety is a full-time job.

Employee Signature

Date

Form W-4 (2018)

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 2018 if **both** of the following apply.

- For 2017 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2018 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 2018 expires February 15, 2019. 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 2018 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 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 2018. 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 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, 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 Other 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 can 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 might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. 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, during the year.

Line F. Credit for other dependents.

When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. 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 income includes all of

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

| | | | | | |
|---|--|---|--|---|---|
| Form W-4 Department of the Treasury Internal Revenue Service | | Employee's Withholding Allowance Certificate | | OMB No. 1545-0074 2018 | |
| ▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS. | | | | | |
| 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 2018, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • 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 ▶ | | | | | |
| 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.) ▶ | | | | Date ▶ | |
| 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) |



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):

| | |
|--|--|
| <input type="checkbox"/> 1. A citizen of the United States | |
| <input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i> | |
| <input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____ | |
| <input type="checkbox"/> 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. <i>(See instructions)</i> | |
| <p><i>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.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p> | |
| <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> QR Code - Section 1 Do Not Write In This Space </div> | |

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





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

| 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 | | Additional Information | | QR Code - Sections 2 & 3 Do Not Write In This Space |
| 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 |
|--|---------------------------|---|

USC Labor Solutions, Inc.

New Employee DESIGNATED PROVIDER NOTIFICATION List

All employees must obtain treatment of work-related injuries and illnesses from one of the following medical providers:

| | |
|---|--|
| Surface Creek Family Practice – Delta 233 Cottonwood St. Delta, CO 81416 | St. Mary's Occupational Medicine – Grand Junction 2686 Patterson Rd. Grand Junction, CO 81506 |
| Montrose Wellness Center PC – Montrose 224 S. Nevada Ave. Montrose, CO 81401 | Memorial Hospital Medical Clinic - Craig 785 Russell St. Craig, CO 81625 |
| Concentra Medical Centers – Denver 5855 Stapleton Dr. North, Unit A-130 Denver, CO 80216 | Grand River Primary Care - Rifle 501 Airport Rd. Rifle, CO 81650 |

In the event of a life- or limb-threatening emergency, the injured employee will be sent to the nearest emergency medical facility. One of the medical providers designated above must provide all follow-up care.

If an unauthorized medical provider treats an employee, the employee will be responsible for payment for said treatment.

I have read and am fully aware of the organization's policy regarding medical treatment for work-related injuries and illnesses. I further understand that I must immediately report any work-related injury to my supervisor.

All employees must sign below, acknowledging this policy.

Employee Name _____

Employee Signature _____

Date _____