

ASAP Employment Services & Payrolling, Inc.

Authorization Agreement for Direct Deposit

Please be sure to complete all four steps.

Step 1: Your Name and Address

Full Name _____

Last First MI

Address _____

Number/Street/Apt.# City State Zip Code

Home Phone Number (_____) _____

Step 2: Primary Bank Account (Please e-mail a voided check for verification)

Depository Bank Name _____

Address _____

Number/Street City State Zip Code

Routing Number ([see check sample here](#)) _____

Type: Checking Savings

Account Number ([see check sample here](#)) _____

Step 3: Fixed Amount Bank Account (usage optional) (Please e-mail a voided check for verification)

Depository Bank Name _____

Address _____

Number/Street City State Zip Code

Routing Number ([see check sample on reverse](#)) _____

Type: Checking Savings

Account Number ([see check sample on reverse](#)) _____

Fixed dollar amount to deposit into this account with each paycheck: \$ _____

Step 4: When this form is completed please e-mail or fax to:

ASAP Employment Services
Attn: Payroll Office
(985) 898-5774

I am signing up for payroll automatic direct deposit. I authorize ASAP Employment Services to automatically deposit my paycheck in the bank account(s) listed above. If necessary, ASAP Employment Services may make deductions from my account(s) for any payments credited in error. I also agree that ASAP Employment Services or my financial institution may cancel this agreement for any reason, at any time, without prior notice to me. This agreement will remain in effect until the ASAP Employment Services Payroll Office has received written notification from me to terminate this agreement. Any changes to the bank account(s) or distribution information must be received by the Payroll Office in writing at least 15 days prior to payday. I will retain a copy of this agreement, and know that I may also contact ASAP Employment Services for a copy.

Signature _____

Date _____

ASAP EMPLOYMENT SERVICES & PAYROLLING, INC.

DRUG SCREEN AUTHORIZATION AND CONSENT

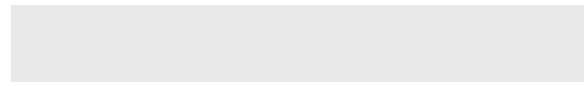
I hereby authorize and give full permission to have ASAP Employment Services and/or their medical company physician send a specimen of my urine and/or blood to a laboratory for screening test using Substance Abuse & Mental Health Services Administration (S.A.M.H.S.A.) (www.samhsa.gov) standards for the presence of illegal drugs, alcohol, or prescription medication taken without a prescription.

I will hold all parties concerned harmless, meaning I will not sue nor hold responsible for any alleged harm to me or interference with my obtaining a job or continuing employment due to not submitting to the tests or as a result of the report of the tests. This includes, but not limited to, possible clerical or laboratory error.

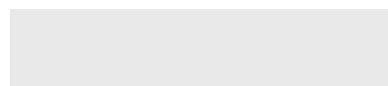
This policy and authorization has been explained to me in a language I understand and told if I have any questions, they will be answered about the test. I understand this is a legal and binding document, which is binding because ASAP Employment Services is sending me for examinations and paying for it.

I UNDERSTAND ASAP EMPLOYMENT SERVICES WILL REQUIRE A DRUG SCREEN TEST WHENEVER AN ON THE JOB ACCIDENT OR INJURY IS REPORTED IN ACCORDING WITH ASAP EMPLOYMENT SERVICES COMPANY POLICY AND THIS AUTHORIZATION AND CONSENT.

ANY REFUSAL TO SUBMIT TO DRUG TESTING WILL BE GROUNDS FOR TERMINATION.



Signature



Date



POLICIES & PROCEDURES
ASAP Employment Services & Payrolling, Inc.

1. I understand ASAP Employment Services 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, ASAP Employment Services will deal promptly with legitimate claims. I also understand that ASAP Employment Services 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 my Superintendent and ASAP Employment Services immediately who will coordinate with the superintendent and me the proper procedures for treatment and reporting of the accident.
3. ASAP Employment Services 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 that I am an employee of ASAP Employment Services and only ASAP Employment Services or I can terminate my employment. When an assignment ends I must report to ASAP Employment Services 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.
5. 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 ASAP Employment Services may assume that I have voluntarily quit, and I will not be eligible for unemployment benefits. I understand that I must report my current availability within 12 hours of the completion of an assignment and everyday thereafter. Failure to call in your availability will be considered by ASAP Employment Services as having voluntarily quit, and we will assume that you are no longer seeking employment through our company.
6. If for some unexpected reason, such as an emergency or illness, I cannot make it to work or will be late, I will contact ASAP Employment Services and my Superintendent as soon as possible.
7. I understand that I have the option of direct deposit into my personal bank account or that I may submit a pay card application. I also understand that no paychecks will be issued and that these are my only two options of payment. I understand that should I choose not to use my personal bank account that I will receive a paycheck only until the pay card has arrived. I understand that should I choose not to use my personal bank account, I will be deducted \$10 from my first pay check for the cost of my new **PAY CARD** and I will also be responsible for any shipping fees that incur to deliver my paycheck.
8. I understand that it is imperative for ASAP Employment Services to keep my records updated. In the event that I should have a change to my address or any other personal information, I am to **NOTIFY ASAP EMPLOYMENT SERVICES IMMEDIATELY** of the change. I understand that I cannot hold ASAP Employment Services responsible for lost paychecks or information due to my lack of providing the new information.
9. I understand that I must complete **640** work hours for each client before being hired by the current client I am assigned to.

I have read and fully understand the above statements regarding ASAP Employment Services' 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 benefits.

Applicant Signature

Date



ASAP Employment Services & Payrolling, Inc.

SUBSTANCE ABUSE POLICY

It is the purpose of ASAP Employment Services to help provide a drug free environment for our clients and our employees. With this goal and because of the serious drug abuse problem in today's workplace, we are establishing the following policy for existing and future employees of ASAP Employment Services:

ASAP Employment Services explicitly prohibits:

The use, possession, solicitation for or sale of narcotics or other illegal drugs, alcohol, or prescription medication without a prescription on company or customer premises or while performing an assignment.

Being impaired or under the influence of legal or illegal drugs or alcohol off the company or customer premises that adversely affects the employee's work performance, his or her own or other's safety at the workplace, or the employer's reputation.

ASAP Employment Services may drug test using Substance Abuse & Mental Health Services Administration (S.A.M.H.S.A.) (www.samhsa.gov) standards by three methods:

Pre-Employment: As may be required by client.

Randomly: A random selection of some employees for testing will be done unannounced.

For Cause: When it is the company's belief that a drug problem exists (such as evidence of drugs, accidents, injuries in the workplace fights or other behavioral symptoms of drug abuse, negative performance patterns, excessive absenteeism or tardiness) for-cause testing will be utilized.

Employees of ASAP Employment Services who refuse to submit to drug testing, test positive or admit to substance abuse will be subject to termination.

The results of all drug testing will be treated confidentially, and for no purpose other than for ASAP Employment Services to make employment related decisions.

Employee Signature

Date



General Employee SAFETY RULES
ASAP Employment Services & Payrolling, Inc.

Managers, Account Managers and employees at all levels will strictly enforce the following general rules for employee protection.

1. Promptly report all accidents to your immediate supervisor and an Account Manager even when an injury is not readily apparent. Also report any "near misses."

If you fail to call/come to ASAP Employment Services to obtain the paperwork prior to going to the doctor for worker's compensation claim, THE CLAIM WILL NOT BE COVERED BY ASAP EMPLOYMENT SERVICES. YOU will be responsible for payment if proper procedure is not followed.

2. If an accident occurs - your immediate Supervisor will transport you to the closest medical facility that we have chosen. Employees will report to work in a rested condition, unaffected by alcohol or drugs. It is ASAP Employment Services' policy to have any employee involved in an accident, whether injury or person or property occurs. Negative results of these tests must be in our office before reporting back to work. Failure to have these tests and/or failure to report immediately for testing will result in immediate termination of employment. A drug test reporting any illegal substance or controlled substance (which is not prescribed to you) or alcohol content of .04% or above will result in immediate termination.
3. Wear the prescribed personal protective equipment for each job and insure that it is in a fully serviceable condition before commencing work.
4. Loose clothing, jewelry, and hair longer than shoulder length shall not be worn around moving machinery.
5. Smoke only in those designated for smoking.
6. Firearms and other types of weapons will not be brought onto the premises.
7. Operated only those machines on which you have certified as being proficient by supervision.
8. Avoid running and all undue haste. Do not engage in horseplay or gambling.
9. Lift objects with leg muscles and load close to your body. When in doubt as to your safety, always get assistance or use a mechanical lifting device.
10. Do not take chances with any job. Pause and think before acting. If in doubt, ask your on-site supervisor or your Account Manager at ASAP Employment Services. Do not use defective equipment. Employees who knowingly violate these rules or established safe work practices will be subjected to appropriate disciplinary action. Flagrant violations will result in termination of employment on the spot.

HAZARD COMMUNICATIONS TRAINING

All employees working with or potentially exposed to hazardous chemicals, will be appropriately informed and trained on the site of the Client Company concerning the potential hazards of the chemicals to which they may be exposed. A Material Safety Data Sheet (MSDS) containing the information required by the Hazard Communication Standards will be kept for each substance listed on any Client's "Hazardous Chemicals Inventory." The MSDS will be the most current one supplied by the chemical manufacturer, importer or distributor. You have the right and the responsibility to view these.

All employees will be informed of the details of the Hazard Communication Program of each Client Company, including the labeling system and the material safety data sheets, and how the employee can use the appropriate hazard information. The Safety Manager or Coordinator or Supervisor is responsible for the overall coordination of the training program.

Client Companies, will provide employees with training when new hazardous chemicals are introduced and added to the "Chemical Inventory List," or before non-routine tasks are to be performed that could involve exposure to hazardous chemicals. Reinforcement of training will be conducted through topics at safety meetings, as appropriate.

EMERGENCY ACTION PLAN

"Site Specific" Emergency Action Plan training will be conducted on site, by the Supervisor, and will include, but not be limited to the following: escape procedures, shutdown procedures, procedures for accountability, rescue and first-aid procedures, and also; means of reporting fires and emergencies.

I have read the above Safety Rules and I understand it in its entirety. I understand that I have had the opportunity to ask any questions.

Employee Signature

Date



ASAP EMPLOYMENT SERVICES & PAYROLLING, INC.

Workplace Substance Abuse Policy Certificate Agreement

Please read before signing:

I do hereby certify that I have received and read ASAP Employment Services, Inc.'s Workplace Abuse Policy regarding the abuse of illegal and/or unauthorized drugs/alcohol and the situations requiring drug screening. I have had chance to ask questions and have the policy explained to me.

I understand that the following violations of the Workplace Substance Abuse Policy will result in disciplinary action up to and including discharge, even for a first offense.

- A. Use, consumption or presence in the body of alcohol (above 0.04 percent) or illegal substances during work time.
- B. Abuse, misuse, sale or distribution of prescription drugs, controlled substances, over-the-counter medications or other impairing substances during working time.
- C. Possession, use, sale, distribution or concealment of illegal substance devices for the purposes of using illegal substances during working time or in the workplace or on ASAP Employment Services & Payrolling, Inc. or client's premises.

I understand and agree to submit to a drug screening for the presence of drugs/alcohol, under the conditions of reasonable suspicion, for cause/post-incident testing, random testing, post-accident testing and post-rehabilitation testing.

I understand and agree that compliance with the Workplace Substance Abuse Policy is a condition of employment and if violated, I am subject to disciplinary action up to and including **DISCHARGE**. I understand and agree that if I test positively or fail to comply with a request to submit a drug screening, I may be terminated.

I acknowledge that I have been given a copy of the Workplace Substance Abuse Policy and I expressly consent to all of its provisions, understand that strict compliance is a condition of my continued employment at ASAP Employment Services, Inc.

Applicant: _____ Date: _____

Employee Social Security Number: _____

Witness: _____

IMPORTANT

Once you have completed ALL of the above forms, save this form to your computer for your records.

Then e-mail us and attach a copy of the completed/saved copy to us at applications@asapemploymentservices.net

Don't forget to send us a completed copy of the W-4 and I-9 forms from the [Employment Forms page of our website](#).