

WFF FACILITY SERVICES

NEW HIRE DOCUMENTS TO BE SENT TO HOME OFFICE

Employee Name (print) _____

Employee Cover Sheet _____

Application _____

I-9 & Backup Copies _____

ScanScreener Info Page _____

ScanScreener Results _____

E-Verify Results _____

Federal & State W-4's _____

Direct Deposit/Skylight Card Form _____

TALX 8850 _____

TALX Tax credit Questionnaire _____

Acknowledgement/Signature Pages

_____ Receipt of Manual (from Employee Policy Manual)

_____ Receipt of FMLA Policy (from Employee Policy Manual)

_____ Receipt of Equal Opportunity, Harassment & Discrimination Policy
(from Employee Policy Manual)

_____ Receipt of Safety Manual (from Safety Manual)

_____ MSDS Training Signature Sheet

_____ Asbestos Training Sheet

_____ Bloodborne Pathogen Training Sheet

_____ Vaccination Declination Form

_____ Life Insurance Beneficiary Form (UNUM)

_____ Job Description Signature Sheet

If Applicable: (Group Health Insurance offered to FT employees @ 511, 512, 525, 527, 550, 559, 570, 580, 583 & 590)

Major Medical Insurance and/or Dental Application or Declination Form _____

Receipt for COBRA First Notice _____

EMPLOYMENT PACKAGE COVER SHEET

THIS COVER SHEET MUST BE COMPLETED AND SUBMITTED WITH ALL NEW HIRE PACKAGES

Employee ID:		SSN:	
Last Name:		First Name:	MI:
Address:			
City:		State:	Zip Code:
Phone: (HOME)		Phone: (CELL)	
Sex: (X) appropriate box <input type="checkbox"/> Male <input type="checkbox"/> Female			
EEOC Class: (X) appropriate box			
<input type="checkbox"/> 1-White <input type="checkbox"/> 2-Black <input type="checkbox"/> 3-Hispanic <input type="checkbox"/> 4-Asian <input type="checkbox"/> 5-Native American <input type="checkbox"/> 6-Other			
Work Status: (X) appropriate box <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time			
Start Date:		Birth Date:	
Account Location Number:		Account Location Name:	
Hourly Pay Rate:		Department:	
Federal Tax Info:			
Marital Status: (X) appropriate box <input type="checkbox"/> Married <input type="checkbox"/> Single			
Number of Exemptions:			
Extra Withholding:			
State Tax Info: State: City Code:			
Marital Status: (X) appropriate box <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> HOH			
Number of Exemptions:			
Extra Withholding:			
Rehire: <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" Original Hire Date :			
E-Verify: <input type="checkbox"/> Yes <input type="checkbox"/> No Do Not E-Verify Rehires			

EMPLOYMENT EXPERIENCE: Start with your present or last job, including self-employment, and work back. Be certain to list ALL jobs you have held and be certain to account for all periods of unemployment. Include military service assignments and volunteer activities. If more space is needed, attach and sign a separate page.

EMPLOYER	JOB TITLE(S)	DATES EMPLOYED		WORK PERFORMED
		FROM	TO	
ADDRESS	SUPERVISOR(S)			
		HOURLY RATE/SALARY		
		STARTING	FINAL	
PHONE	REASON(S) FOR LEAVING			

EMPLOYER	JOB TITLE(S)	DATES EMPLOYED		WORK PERFORMED
		FROM	TO	
ADDRESS	SUPERVISOR(S)			
		HOURLY RATE/SALARY		
		STARTING	FINAL	
PHONE	REASON(S) FOR LEAVING			

EMPLOYER	JOB TITLE(S)	DATES EMPLOYED		WORK PERFORMED
		FROM	TO	
ADDRESS	SUPERVISOR(S)			
		HOURLY RATE/SALARY		
		STARTING	FINAL	
PHONE	REASON(S) FOR LEAVING			

AUTHORIZATION: READ CAREFULLY

I hereby certify that my answers above are true, correct and complete and I further understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) cancel further consideration of this application, or (2) immediately discharge me from the employer's service, whenever it is discovered.

I believe that information concerning my performance as an employee, as well as information concerning my personal habits, conduct, deportment, as well as the information outlined hereinabove will assist me in obtaining employment with the Company. Therefore, in consideration for the Company's act of considering me for employment, I hereby agree to release and hold harmless the Company, together with its officers, agents, employees, affiliated corporations, subsidiaries, successors and assigns, from any and all liability in any way related to the investigation of my suitability for employment with the Company, including, but not limited to, any liability relating to contact and/or discussions with any of my employers, references, relatives, and/or acquaintances (past and/or present). Moreover, I specifically authorize any person (natural or otherwise) to make full response to any inquiry in connection with my Application for Employment with the Company, and I release any such person from all liability arising therefrom. I authorize the Company to obtain an investigative consumer report and/or a report from any law enforcement agency which may include both general and personal information about me at any time either prior to or during your employment.

In the event that I am employed, I understand that regardless of the shift and job that I am first assigned, I may be required to accept a change of job or shift depending on my demonstrated skills after employment and the needs of the Company. I consent to take any physical or medical examinations, including blood and urine or other tests for alcohol and drugs, requested by the Company in connection with the processing of my application for employment and further agree to take any such physical or medical examinations requested by the Company during my employment if I am offered and accept a job when such examinations are job-related and consistent with business necessity. I understand that such an examination may be needed in order to determine my competence to perform the job or work for which I was hired, or to identify any physical or mental condition bearing on my job performance. I understand that refusal to submit to any physical or medical examination ordered by the Company will result in rejection for employment or for disciplinary action up to and including immediate discharge. I further understand that any information obtained through such exams may be retained by the Company and is exclusively the Company's property. I also understand that the examinations will be performed by medical personnel, clinics or laboratories qualified to do the necessary work and costs for such examinations will be borne by the Company.

I understand that, in the event I am employed by the Company: my employment will not be for any specific period, length, or term of employment; my employment and compensation can be terminated by me or the Company at any time, with or without notice, except as may be required by law, and with or without cause and for any reason or no reason; and that no present or future employee handbook, policy manual or publication constitutes an employment agreement or contract. I further understand that no employee of the Company other than the Company's President, has the authority to commit to anyone employment for any definite or estimated period of time or otherwise to enter into an employment contract and that any such agreement is invalid unless in writing and signed by both me and the Company President. I further certify that no representations contrary to the foregoing have been made to me by anyone; I agree to notify the Company President, in writing, within 48 hours of communication of any such representation.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

_____ Date

_____ Signature

ScanScreener by RTI, Inc.

AUTORIZACIÓN PARA COMPARTIR MIS INFORMACIONES

Por este medio le doy a _____ mi permiso para RTI Inc. a través de su ScanScreener, el software de comprobación de antecedentes en línea, para obtener información con respecto a mi seguro social y a mis antecedentes penales. El informe de antecedentes penales recibido de las agencias puede incluir archivos de detenciones y condenaciones también sentencia aplazada, conducta delincuente y sentencia acordada de conformidad. Entiendo que las informaciones recogidas de base de datos informática a través de una fuente imperfecta; tengo la responsabilidad de cualquier información imperfecta o incompleta presentada o recibido como consecuencia de información incompleta o imperfecta obtenida de las agencias de informes. Comprendo que las informaciones del sexo, la raza y la fecha de nacimiento se pide solamente para obtener la información con lo más precisión posible, no se usará para discriminar contra el solicitante, en violación de la ley. Un facsímil o una copia fotográfica de esa autorización está válido como el original. Comprendo que como un empleado de una compañía que usa el servicio de ScanScreener, los antecedentes penales pueden repetirse en cualquier momento. Comprendo que voy a tener el derecho de revisar el informe de antecedentes penales tal como lo recibe, si lo demando, también hay un procedimiento disponible para aclaración si quiero disputar el informe. Con esa autorización, yo me libero, exoneró y eximo para siempre; acepto indemnizar y eximir de toda responsabilidad a _____ y RTI, Inc, a sus funcionarios, empleados, representantes, agentes, clientes, subcontratistas y contratistas independientes y cualquiera organización o institución que les provee información o utiliza la tecnología de ScanScreener de cualquier juicio y responsabilidad de cualquiera manera incluyendo pero no restrictivo a demanda de difamación, la violación de la intimidad, reclamación por agravios, uso incorrecto de información recibido de las agencias de informe y cualquiera otra demanda o otra acción negativa como la consecuencia de revisar, o copiar cualquier documento, archivos, informes y otra información.

SOLICITANTES: POR FAVOR, RELLENE ESTE FORMULARIO:

NOMBRE COMPLETO:		OTROS NOMBRES HA USADO:		
<input type="text"/>		<input type="text"/>		
DIRECCIÓN DE DOMICILIO:	CIUDAD:	ESTADO:	CÓDIGO POSTAL:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
NÚMERO DE SEGURO SOCIAL:	FECHA DE NACIMIENTO:			
<input type="text"/>	<input type="text"/>			
NOMBRE EN SU LICENCIA:	NÚMERO DE LICENCIA:	ESTADO DE LICENCIA:		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
POR FAVOR MARQUE LAS CASILLAS APROPIADAS:				
<input type="checkbox"/> HOMBRE	<input type="checkbox"/> MUJER			
<input type="checkbox"/> ASIÁTICO	<input type="checkbox"/> NEGRO	<input type="checkbox"/> HISPANO	<input type="checkbox"/> INDÍGENAS DE EE.UU.	<input type="checkbox"/> BLANCO <input type="checkbox"/> OTRO
FIRMA:	FECHA:			
<input type="text"/>	<input type="text"/>			

Employee Printed Name: _____

SCAN-SCREENER & E-VERIFY CHECKOFF

BEFORE HIRE:

_____ Applicant information entered

Date

_____ SSN Search Results PRINTED

Date

_____ Name listed matches the subject's name

_____ Name listed does NOT match the subject's name

Explanation: _____

Criminal Background Results

_____ National Check CLEAR (Copy attached)

Date

_____ If National Check is NOT CLEAR, it is not necessary to run a Real-Time Check

Date

_____ Real-Time Check CLEAR (Copy attached)

Date

_____ Real-Time Check NOT CLEAR (Copy attached)

Date

AFTER EMPLOYEE IS HIRED - MUST BE WITHIN THREE BUSINESS DAYS OF HIRE:

E-Verify

_____ Applicant information entered

Date

_____ SSN Results: "EMPLOYMENT AUTHORIZED"

Date

_____ SSN Results "Non-Confirmed"

Date

Employee offered opportunity to contest.

If they do contest, you initiate the Referral from the SSA. It is a link to the letter you hand the employee, and they have eight days to take it to the SSA.

_____ Received notification, Final Non-Confirmation

Date

Signature

This form should be sent with the employee's Hire Packet to WFF St. Louis

Revised 04/2011

DIRECT DEPOSIT AUTHORIZATION FORM

I hereby authorize Clean-Tech Company/WFF Facility Services, to initiate credit entries for Direct Deposit to my account(s) indicated below and the financial institution(s) named below, to credit the same to such account(s).

Please Print Legibly

1. Employee Information

Social Security Number

Name: _____

Attach Voided Check Here

2. Direct Deposit Account Information for Checking Account

Routing Transit Number

Account Number

Financial Institution Name: _____

Amount of Deposit _____ % OR Net _____

Attach Deposit Slip Here

3. Direct Deposit Account Information for Savings Account

Routing Transit Number

Account Number

Financial Institution Name: _____

Amount of Deposit _____ % OR Net _____

This authority is to remain in full force and effect until Clean-Tech Company/WFF Facility Services has received written notification from me of its termination in such time and manner as to afford Clean-Tech Company/WFF Facility Services and the above named financial institution(s) a reasonable opportunity to act on it.

Employee Signature _____ Date _____

Updated: October 2012

Tax Credit and Incentive Bulletin



Work Opportunity Tax Credit Screening Instructions

Step 1: Applicants complete and sign the 8850 Pre-Screening Notice (8850) at the same time they complete their Application for Employment.

** 8850's must be completed on or before the day an applicant is offered a job.*

Step 2: New Hires complete and sign the Tax Credit Questionnaire (TCQ) at the same time they complete their other new hire paperwork (i.e., I-9 and W-4 forms).

** Do not copy the 8850 and TCQ back to back – they must remain on separate pages.*

Step 3: A Designated staff member:

- Fills in the start date in the upper right-hand corner of the TCQ;
- Reviews both forms to ensure they are signed.
- Mails the **original** 8850 and TCQ together for each new hire in one envelope to TALX/Equifax (*the State WOTC Agencies won't accept photocopies of the forms so **please send original paperwork***).

- Mailing Address (for regular mail): P.O. Box 6007, Omaha, NE 68106

- Street Address (for overnight mail): 3535 Harney Street, Omaha, NE 68131

** **DON'T DELAY:** TALX/Equifax only has 28-days from an employee's "start date" to submit WOTC paperwork to the State to request certification.*

NOTE: Avoid these 3 mistakes and your location will achieve maximum compliance and credits:

No Form Received – No CREDIT | No signature on Forms – No CREDIT | Late Forms Received – No CREDIT

WOTC CONTACT INFORMATION

Bill Niehoff
Client Relationship Manager
Telephone: (314) 214-7291
E-Mail: bill.niehoff@equifax.com

Jenny Doughman
Operations/ Reports Manager
Telephone: (402) 344-4990 X-133
E-Mail: jenny.doughman@equifax.com

Katherine Larson
WOTC Specialist
Telephone: (402) 344-4990 X-157
E-Mail: katherine.larson@equifax.com

Pre-Screening Notice and Certification Request for the Work Opportunity Credit

▶ See separate instructions

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name _____ Social security number ▶ _____

Street address where you live _____

City or town, state, and ZIP code _____

County _____ Telephone no. _____

If you are under age 40, enter your date of birth (month, day, year) _____

1 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.

2 Check here if **any** of the following statements apply to you.

- I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
- I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
- I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
- I am at least 18 but **not** age 40 or older and I am a member of a family that:
 - a Received SNAP benefits (food stamps) for the last 6 months, **or**
 - b Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
- During the past year, I was convicted of a felony or released from prison for a felony.
- I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
- I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.

3 Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.

4 Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.

5 Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.

6 Check here if you are a member of a family that:

- Received TANF payments for at least the past 18 months, **or**
- Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years, **or**
- Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

Signature--All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ▶ _____

Date _____



TAX CREDIT QUESTIONNAIRE

TO BE COMPLETED BY EMPLOYER

Company:
Location:
Start Date:

TO BE COMPLETED BY EMPLOYEE (Please Print Clearly)

First Name, Last Name, SSN
Are you between the ages of 16 and 39? YES NO If YES:
Date of Birth (if under 40), Driver's License Number, State Issued
Have you worked for our company before? YES NO If YES: Month/Year you last worked:

PLEASE EITHER ANSWER "YES" OR "NO" TO EACH QUESTION BELOW. (If you answer YES to any of the questions, please provide as much information as you can to each follow-up question.)

1. Within the past 2 years, have you or a member of your household received any form of cash or voucher assistance (WELFARE), such as Aid to Families with Dependent Children (AFDC) or Temporary Assistance for Needy Families (TANF)? If YES: YES NO
Primary Recipient's Name, Primary Recipient's SSN, Relation to Yourself, Date First Received (Month/Year), Date Last Received (Month/Year), City/State Where Received

2. Within the past 2 years, have you or any member of your household received FOOD STAMPS, such as Supplemental Nutrition Assistance Program benefits (SNAP)? YES NO
Primary Recipient's Name, Primary Recipient's SSN, Relation to Yourself, Date First Received (Month/Year), Date Last Received (Month/Year), City/State Where Received

3. Have you ever served on active duty in the US Military? If YES: YES NO
Branch of Service (Please Circle One), Entry Date (Month/Year), Discharge Date (Month/Year)

3a. Are you eligible to receive compensation for a service-connected disability? YES NO
4. Have you been unemployed during the past year? If YES: YES NO
4a. How many months have you been unemployed? months
4b. Have you received unemployment benefits or been eligible to receive unemployment benefits during the past year? If YES:
Date Unemployment Benefits were First Received (Month/Year), Date Unemployment Benefits Last Received (Month/Year), City/State Where Unemployment Benefits were Received

5. Have you been convicted of a felony, released from prison for a felony or participated in a work-release program for a felony in the past year: (Do NOT include misdemeanors)? If YES: YES NO
Offense Type (Please Circle One), Inmate Number, Conviction Date, Release Date, Parole/Probation Officer's Name, Parole/Probation Officer's Phone Number, City/State of Conviction, County of Conviction

6. Within the past 2 years, have you participated in a State or Veterans Affairs Vocational Rehabilitation Program or have you participated in the Ticket to Work Program? (This does not include drug/alcohol rehabilitation.) YES NO
Type of Program, Date of Completion, Agency Name, Agency Counselor's Name, Agency Counselor's Phone Number, Agency City/State

7. Within the past 3 months, have you received Supplemental Security Income (SSI) benefits for yourself? SSI benefits are paid to Individuals with a disability or are 65 years or older on a limited income. This does not include Social Security or Social Security Disability income (SSDI). YES NO

EMPLOYEE DECLARATION AND RELEASE

By signing this form, I hereby authorize the release to TALX Corporation or the State Department of Labor any information needed to determine my eligibility for federal and/or state tax credit programs. This includes, but is not limited to, information regarding my criminal history, driver records, military service, SSI benefits, vocational rehabilitation participation, AFDC/TANF benefits, food stamp benefits or unemployment benefits. I further authorize TALX Corporation or its agents to complete on my behalf any forms required to obtain this information, including SSA Form 3288.

Employee Signature, Date

SEND COMPLETED ORIGINAL 8850 & TCQ TO TALX CORPORATION:

P.O. BOX 6007, OMAHA, NE 68106



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire 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 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		E-mail Address			Telephone Number	

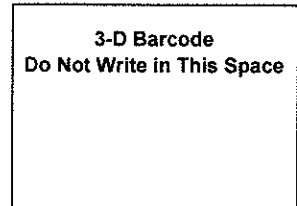
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

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

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

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

- 1. Alien Registration Number/USCIS Number: _____
- OR**
- 2. Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (*See instructions*)

Signature of Employee:	Date (mm/dd/yyyy):
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Preparer and/or Translator Certification (*To be completed and signed if Section 1 is prepared by a person other than the employee.*)

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

Signature of Preparer or Translator:		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



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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

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:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

**3-D Barcode
Do Not Write in This Space**

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		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)	First Name (Given Name)		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) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
--	---

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current 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:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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LOCATION _____ DATE _____

CONDUCTED BY _____ PAGE _____ OF _____

SIGNATURE _____ LENGTH _____

SUBJECT OF TRAINING: _____

ASBESTOS RECORD OF TRAINING

Name (Please Print)	Signature	Social Security Number
1.		
2.		
3.		
4.		
5.		
6.		
7.		

EMPLOYEE COMMENTS: _____

***NOTE: This record must be maintained in Facility Files.**



WFF Facility Services

MSDS SIGNATURE SHEET

I have been advised as to what chemicals are dangerous to me and how they are dangerous to me.

I have been shown where the Material Safety Data Sheet are kept and have read same. Also, I understand that removal, tampering with or destruction of the Material Safety Data Sheet will result in disciplinary action.

I understand that every bottle or container that I use must be correctly labeled as to content and any defacing; removing or tampering with the label will result in disciplinary action.

I have been trained, shown how to use the various chemicals required in my daily cleaning duties.

Signed _____

Date _____

Job Site _____

I have instructed the above-named employee in the fundamentals of W.F.F. & Associates Hazard Communication Training Program.

Supervisor _____

Date _____

WFF FACILITY SERVICES

211 S Jefferson St. Louis, MO 63103 800-852-2388 Fax 800-762-7910

Employee: _____

Employee ID#: _____

VACCINATION DECLINATION FORM

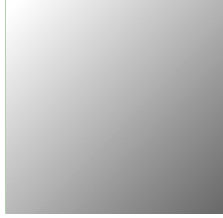
I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B Virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline the Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If, in the future, I continue to have occupational exposure to blood or other potentially infectious materials, and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

(Employee Signature)

(Date)

(Facility Representative Signature)

(Date)



WFF Facility Services

BLOODBORNE PATHOGEN TRAINING SIGNATURE FORM

I have been advised as to what Bloodborne Pathogens are and their danger to me.

I have been trained and am aware of the need for use of proper protective equipment, and of the equipment's location on the work premises.

I have been trained on the use of a body fluid disposal kit and the location of such kits on the work premises.

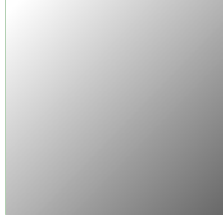
Signature _____

Date _____

Job Site _____

Supervisor _____

Date _____



WFF Facility Services

JOB DESCRIPTION

Janitors-Cleaners: Anyone engaged in washing, cleaning, scrubbing, rinsing, waxing, buffing, dusting, sweeping, vacuuming, polishing, disinfecting, wiping, mopping, scraping, spraying, scouring, restrooms, halls, floors, offices, etc., or moving furniture, supplies, replacing burned out lights and starters, removing trash, supplying toilet rooms, operating elevators, loading and unloading trucks, gardening, complete wall, ceiling, light, venetian blind washing and moving furniture, assisting maintenance person, shall be considered in the above classification.

In addition to the above outlined responsibilities, as an employee of WFF Facility Services, you may sometimes be reassigned to buildings/accounts other than your original assignment. You also agree to comply with any reasonable request made by your immediate supervisor, customer contact or WFF Facility Services manager or executive.

Print Name

Signature

Facility Name

Facility Number

Date