



**EMPLOYEE INFORMATION**

Employee Legal Name: \_\_\_\_\_  
First Middle Last

Client Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**PERSON TO BE NOTIFIED IN CASE OF EMERGENCY**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime Phone No.: \_\_\_\_\_ Evening Phone No.: \_\_\_\_\_

**EEOC INFORMATION** (Completion of this section is optional)

The applicant is not required to complete the EEOC information. All EEOC information is provided on a voluntary basis and is for statistical reporting purposes only.

<b>SEX</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female
<b>ETHNIC ORIGIN</b>	<input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian or Alaska Native
	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Caucasian
	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian or other Pacific Islander
		<input type="checkbox"/> Two or more races

**INFORMATION BELOW TO BE COMPLETED BY ON-SITE SUPERVISOR**

**COMPENSATION INFORMATION**

Filing Status  Single  Married  Married @ Single Rate (Check one)

Number of Withholdings \_\_\_\_\_ Extra Withholdings \_\_\_\_\_  
Federal State Federal (whole \$ amt) State (whole \$ amt)

Pay Rate \$ \_\_\_\_\_ Job Title \_\_\_\_\_

Pay Rate 2 \$ \_\_\_\_\_ Dept \_\_\_\_\_ W/C Class Code \_\_\_\_\_

Shift Differential \$ \_\_\_\_\_

<u>Pay Period</u> (Check one in each category)	<u>Pay Type</u>	<u>Status</u>
<input type="checkbox"/> Weekly	<input type="checkbox"/> Hourly	<input type="checkbox"/> Full-Time
<input type="checkbox"/> Biweekly	<input type="checkbox"/> Salary	<input type="checkbox"/> Part-Time
<input type="checkbox"/> Semi-Monthly	<input type="checkbox"/> Salary Exempt	
<input type="checkbox"/> Monthly	<input type="checkbox"/> Commission	

**HIRE DATES**

Client Company Original Hire Date \_\_\_\_\_ DEM Group Hire Date \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DEM Group, L.L.C., Inc.** and its affiliate corporations, promote and afford equal treatment and service to all employees and assure that all employees and applicants for employment are given an equal employment opportunity without regard to race, religion, color, national origin, age, sex, marital status, or the presence of any sensory, mental or physical disability unless such disability effectively prevents the performance of the essential functions and duties required of the position and cannot be reasonably accommodated without undue hardship to the employer. The Company will operate within the principles of "Equal Opportunity" guidelines set forth in federal, state, and local laws and regulations. All activities relating to employment including recruitment, testing, selection, promotion, training, and termination will be conducted in a nondiscriminatory manner. The Company will cooperate fully with all organizations and commissions that are established and organized to promote Equal Employment Opportunity. The Company may share the information provided in this packet with affiliated companies.

**AUTHORIZATION AND UNDERSTANDING**  
**(Please Read Carefully Before Signing)**

**AT-WILL EMPLOYMENT STATUS**

I agree that either party may terminate the employment relationship, with or without cause, at any time, for any reason, and further agree that this arrangement may only be changed by the President of the Company, in writing, directed to me personally, and signed by the President of the Company. I agree that I shall be bound by the rules, policies, regulations, and terms and conditions of employment of the Company as they are from time to time changed and that no additional obligations can be imposed by me on the Company except those which have been acknowledged, in writing, by the President and Chief Executive Officer of the Company or his or her designated representative. I further agree that my employment is conditional upon satisfactory completion of documentation as required by the Immigration Reform Control Act of 1986 and until such time as the results of my pre-employment physical and drug test (if such physical or drug test is requested) are known.

**RELEASE OF PRIOR PERSONNEL RECORDS**

I give you my permission to verify any of the information concerning my prior employment, education, credit, or post job offer medical history with the appropriate individuals, companies, organizations, or governmental agencies and I give my permission to release any information that you need, including my previous disciplinary record, without requiring them to contact me or give me written notice before revealing the information to you.

**DRUG-FREE EMPLOYMENT**

I understand that the Company maintains a policy of drug-free employment and my employment may be conditioned upon successful passing of a drug and alcohol test and that the Company reserves the right to test me for drugs or alcohol at any time in the future should I be employed by the Company. Should I fail a drug or alcohol test or fail to cooperate in the testing procedures, I understand that my employment will be subject to disciplinary action up to and including termination of employment.

**LIMITATION ON TIME FOR EMPLOYMENT COMPLAINTS**

I agree that any action or claim against the Company or any employee arising out of my employment or termination of employment including, but not limited to, claims arising under state or federal civil rights statutes must be brought within one hundred and eighty (180) days of the event giving rise to the claims or be forever barred unless state or federal law specifies a shorter time period. I waive any limitation period to the contrary.

**ARBITRATION OF DISPUTES**

The Company has adopted a Mandatory Complaint Procedure whereby all employment disputes relating to the employment relationship or termination are put into a dispute resolution procedure, which ultimately culminates in final and binding arbitration before a neutral arbitrator selected through the American Arbitration Association. This procedure is very low in cost and can be utilized quickly. I understand that it is a condition of employment to follow this Mandatory Complaint Procedure as long as it remains in effect and as modified from time to time. I understand that I am giving up my right to go to Court to have employment disputes decided by a jury.

**ACKNOWLEDGMENT OF FULL DISCLOSURE**

I acknowledge that all of the information provided by me now or later given by me in support of my application for employment is true and complete. I understand that my employment may be terminated should the Company determine that the information provided by me is not true and complete no matter when discovered by the Company.

**CONFIDENTIALITY**

During my employment with the Company and after my employment ends, I agree not to disclose any confidential or proprietary information regarding the Company or its clients. The term "Confidential Information" means all information belonging to or used by the Company or its clients related to internal operations, procedures and policies, business strategies, pricing, billing information, personnel information, customer contacts, sales information, employee lists, technology, software source codes, programs, costs, marketing plans, development plans, computer programs and systems, security systems, and all other plans, proprietary information and trade secrets of every kind and character. Confidential Information is the exclusive property of the Company and/or its clients. By virtue of being employed by the Company, certain Confidential Information has been and/or will be disclosed to me. These disclosures are made solely to assist me in the performance of my responsibilities. My right to use Confidential Information, and the extent thereof, is at the Company's sole discretion and such rights shall expire immediately upon the termination of my employment. I shall not, either during or after my employment with the Company, disclose any Confidential Information for any reason or purpose contrary to the interest of the Company or the client to which I am assigned. Upon termination of employment, I shall immediately return all property in my possession relating to the Company or the client's business. I further agree that with respect to any civil litigation involving the Company in which I am a potential witness and which does not involve an actual or potential claim by me personally, I will not discuss the facts of the case with any third parties without first notifying the Company or unless a representative or attorney of the Company is present.

Employee's Signature \_\_\_\_\_

Date \_\_\_\_\_