



APPLICATION for CO-EMPLOYMENT

LAST NAME		FIRST NAME		MI
MAILING ADDRESS		CITY	STATE	ZIP CODE
STREET ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP CODE
COUNTY OF RESIDENCE	HOME PHONE		MESSAGE / CELL PHONE	
EMAIL ADDRESS			EMERGENCY CONTACT: NAME / PHONE	
HAVE YOU EVER HAD A SECURITY CLEARANCE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?	LEVEL?
HAVE YOU BEEN CONVICTED OF A FELONY IN THE LAST 7 YEARS <small>(CA applicants need not list marijuana possession crimes older than 2 years.)</small>	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE EXPLAIN		ARE YOU AT LEAST 18 YEARS OLD? <input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER APPLIED WITH BBSI BEFORE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, GIVE DATE / BRANCH		IF NO, DO YOU HAVE A WORK PERMIT? <input type="checkbox"/> YES <input type="checkbox"/> NO

EMPLOYMENT HISTORY

CURRENT EMPLOYER		TITLE / POSITION		
EMPLOYEE ID #	DEPARTMENT	DATE OF HIRE		
EMPLOYER (1)		TITLES / DUTIES		
ADDRESS				
SUPERVISOR	PAY RATE	DATES	TO	
TELEPHONE	REASON FOR LEAVING			
COMMENTS				
EMPLOYER (2)		TITLES / DUTIES		
ADDRESS				
SUPERVISOR	PAY RATE	DATES	TO	
TELEPHONE	REASON FOR LEAVING			
COMMENTS				
EMPLOYER (3)		TITLES / DUTIES		
ADDRESS				
SUPERVISOR	PAY RATE	DATES	TO	
TELEPHONE	REASON FOR LEAVING			
COMMENTS				

EDUCATION

	INSTITUTION	CITY, STATE	FIELD OF STUDY
<input type="checkbox"/>	High School Grad		
<input type="checkbox"/>	Trade School		
<input type="checkbox"/>	GED		
<input type="checkbox"/>	AA/AS Degree		
<input type="checkbox"/>	BA/BS Degree		
<input type="checkbox"/>	Masters		
<input type="checkbox"/>	Ph.D.		

SUMMARY of POLICIES

AT-WILL EMPLOYMENT

Employment at your Worksite Employer and Barrett Business Services, Inc. (BBSI) is "AT-WILL". The employment relationship may be terminated for any reason with or without cause or notice at any time by you or either Company. No oral statement shall limit the right to terminate employment at-will.

EQUAL EMPLOYMENT PRACTICES

BBSI is an equal opportunity employer and makes employment decisions on the basis of merit. BBSI's policy prohibits unlawful discrimination based on race, disability, medical condition, veteran status, sexual orientation or any other consideration made unlawful by federal, state or local laws. BBSI's commitment to equal opportunity employment applies to all persons involved in the operations of the company and prohibits unlawful discrimination by any employee, including supervisors and co-workers.

To comply with applicable laws ensuring equal employment opportunities to qualified individuals with disabilities, BBSI will make reasonable accommodations for the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or an employee unless undue hardship would result.

If BBSI determines that unlawful discrimination has occurred, remedial action will be taken, commensurate with the severity of the offense. Appropriate action will also be taken to deter any future discrimination. BBSI will not retaliate against you for filing a complaint and will not knowingly permit retaliation by management employees or your co-workers.

UNLAWFUL HARASSMENT, SEXUAL HARASSMENT AND WORKPLACE VIOLENCE

BBSI does not tolerate harassment, sexual harassment or violence of any type to our employees, clients, vendors or suppliers. Any form of harassment which is prohibited by the Equal Employment Opportunity Commission and which violates federal, state or local law, including, but not limited to, harassment related to an individual's race, religion, color, sex, sexual orientation, national origin, ancestry, citizen status, marital status, pregnancy, age, medical condition, handicap or disability is a violation of this policy. Any employee who engages in any of the acts or behavior described below, is subject to employee disciplinary action, up to and including immediate discharge.

- **HARASSMENT:** Verbal, physical or visual conduct of a racial, ethnic or other type which, in the employee's opinion, impairs his or her ability to perform the job.
- **SEXUAL HARASSMENT:** Sexual harassment includes unwelcome sexual advances or visual, verbal or physical conduct of a sexual nature. This definition encompasses many forms of offensive behavior, including gender-based harassment of a person of the same sex as the harasser, conduct of a sexual nature that creates an offensive, intimidating or hostile work environment and coerced sexual conduct by a person in a position of authority.
- **VIOLENCE:** Any behavior that could be construed as violent in nature or any physical action that is intimidating or violent to any person.

Complaints of harassment of any type should be reported immediately, without fear of reprisals, to both your Worksite Employer AND to BBSI. Confidentiality will be maintained to the extent permitted by the circumstances.

ELECTRONIC DATA SYSTEMS

BBSI and/or Worksite Employer may maintain a voice-mail system, an electronic mail (e-mail) system or various other systems to assist in the conduct of business. These systems, including the equipment and the data stored in the system are, and remain at all times, the property of BBSI and/or Worksite Employer. As such, all messages created, sent, received or stored in the system are and remain the property of BBSI and/or Worksite Employer. All information and data maintained by BBSI and/or Worksite Employer should be considered confidential BBSI and/or Worksite Employer information and should not be disclosed to unauthorized personnel.

Messages should be limited to the conduct of BBSI and/or Worksite Employer business. Voice-mail and electronic mail may not be used for the conduct of personal business and may be reviewed by BBSI and/or Worksite Employer.

EMPLOYEE EXPENSE REIMBURSEMENTS

At the express written request of a Worksite Employer, BBSI, on behalf of the Worksite Employer, will make allowances, advance funds, or reimburse Employees for expenditures made by Employees in connection with services performed for or on behalf of the Worksite Employer.

The Worksite Employer shall maintain and administer an accountable plan for all advances, allowances, or reimbursements made to Employees. Any advances, allowances, or reimbursed expenses paid to the Employees are considered as made by the Worksite Employer and pursuant to the Worksite Employer's accountable plan. BBSI is the Worksite Employer's paying agent in connection with Worksite Employer's accountable plan.

BBSI does not and shall not maintain an accountable plan for the Employees of the Worksite Employer.

ALCOHOL and DRUG POLICY STATEMENT

Concern for employees' safety and health has always been and continues to be a major commitment of BBSI ("the Company"). The Company expects all employees to assist in maintaining a work place free from alcohol and drugs.

POLICY

Buying, selling, giving, receiving, possession or use of, or impairment from illegal drugs, while on Company premises, during work hours or meal breaks is not permitted. This includes all behavior-altering substances that could influence job performance. Impairment from or use of alcohol while on Company premises or during work hours is not permitted. Employees are expected to be in suitable mental and physical condition at work, free from all influences of alcohol and drugs.

An employee who is using prescription or over-the-counter drugs that may impair the employee's ability to safely perform the job, or affect the safety or well-being of others, must notify a supervisor of such use immediately before starting or resuming work.

Violations of this policy are grounds for disciplinary action, up to and including termination of employment or denial of employment.

MEDICAL EVALUATIONS, SCREENING AND TESTING

CONSENT FORM: A signed consent form is to be obtained from an applicant or employee before a test, screen, or evaluation is conducted.

APPLICANTS: The Company reserves the right to screen, test and otherwise evaluate for alcohol and drug abuse. If a drug screen result is "inconclusive", the applicant has the option to undergo a clinical test or decline going further in the application process. If the clinical test results are positive the applicant is not to be hired and must pay for the test. If the clinical test results are negative, the normal application process may be resumed and the Company will pay for the test.

EMPLOYEES: The Company reserves the right to test, screen, and otherwise medically evaluate all employees for alcohol and drug abuse. This may be done on a probable cause, post-injury, random, or systematic basis, where lawful, at any time the Company decides to do so. When an employee is screened and the results are "inconclusive" the employee is to be immediately suspended from work and removed from the work site until clinical test results return. When an employee is clinically tested and the results are positive, the employee is to be terminated. If the results are negative from the clinical test, the employee is to be paid for any time missed because of the suspension and be returned to his/her previous position.

REFUSALS: A refusal to submit to screening, testing, or evaluations will render the same results as if the confirmation test produced a positive result, namely, ineligibility for hire, and if currently an employee, termination of employment.

TAMPERING: Tampering or attempting to tamper with a specimen sample will render the same results as if a confirmation test produced a positive result, namely, ineligibility for hire, and if currently an employee, termination.

This policy in no way should be construed as an employment contract of any kind, implied or otherwise.

SEARCHES

The Company specifically reserves the right to carry out reasonable searches of personal effects and vehicles when individuals are entering, while on, and leaving company premises including, but not limited to, all occupied or vacant, land, buildings, structures, installations, automobiles, trucks, and all other company owned or leased property. Submission to such a search is voluntary; however, refusal may be cause for expulsion from premises, and if an employee, discipline up to and including termination of employment.

ACKNOWLEDGEMENT and AGREEMENT

BBSI is a Professional Employer Organization and has a contract to provide your Worksite Employer with certain services including payroll processing, benefits and workers' compensation insurance administration, and other administrative functions.

Your Worksite Employer is your primary employer and has exclusive control of the worksite, supervises and directs your day-to-day work activities, provides the facilities and furnishes the equipment and supplies for your work, determines your work schedule, monitors your workload and productivity, and determines your rate of pay and job classification.

I understand that nothing contained in this employment application creates a contract between the company and myself for employment or any other benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon the company. If an employment relationship is established, I understand that my employment is at-will and my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either the company or myself. I further understand that no representative of the company, other than the president of the company, has any authorization to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing and any such agreement to the contrary must be in writing and signed by the president. I also understand that I am required to abide by all of the rules and regulations of the company.

If I am ever injured on the job or unable to perform my job duties because of a job related injury, I agree to immediately report the facts TO BOTH my Worksite Employer and BBSI. I agree to immediately report to BBSI in order to perform any modified work as assigned.

My signature on this employment application authorizes my Worksite Employer and/or BBSI to investigate all statements and information given on this application and to check my professional and personal references to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my Application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

I understand and agree that falsification of information, misleading statements, misrepresentation, or omission of facts on this or other Worksite Employer or BBSI employment forms, is cause for denial of employment or if employed, cause for dismissal regardless of when discovered.

BBSI does not discriminate among applicants or employees on the basis of race, color, age, sex, religion, national origin, marital status, sexual orientation, the presence of medical conditions or disability, or any other legally protected status. BBSI is not an employment agency.

✓ SIGNATURE: _____

DATE: _____ ✓

Form W-4 (2015)

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. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2015 expires February 16, 2016. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

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 may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2015. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u> </u>
B	Enter "1" if: { <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	B	<u> </u>
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	<u> </u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	<u> </u>
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$65,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child	G	<u> </u>
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ►	H	<u> </u>

For accuracy, complete all worksheets that apply. {

- If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

<p>Form W-4 Department of the Treasury Internal Revenue Service</p>	<h2>Employee's Withholding Allowance Certificate</h2> <p>► Whether you are 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.</p>	<p>OMB No. 1545-0074 2015</p>
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. <small>Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</small>
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 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 <u> </u>
6 Additional amount, if any, you want withheld from each paycheck		6 \$ <u> </u>
7 I claim exemption from withholding for 2015, and I certify that I meet both of the following conditions for exemption. • Last year I had 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		7 <u> </u>
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 lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)
		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 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

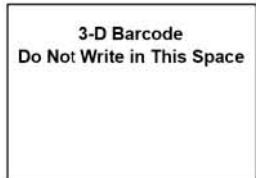
2. Form I-94 Admission Number: _____

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):
------------------------	--------------------

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



**EMPLOYEE ACKNOWLEDGEMENT OF THE
MEDICAL PROVIDER NETWORK**

In order to provide the most timely and suitable quality medical care in the event of an injury on the job, we have instituted a Medical Provider Network for Workers' Compensation.

The following procedures must be followed for all work related injuries and illnesses.

- Report promptly any work related injury to the supervisor.
- For a referral to a medical provider specialist, contact your employer or claims adjuster.
- Ensure all medical treatment is handled only through the MPN (Medical Provider Network) unless otherwise authorized.
- Direct all questions about the level of care to the PCP (Primary Care Physician), who is the focal point for all medical treatment.
- A directory of medical care providers is available at my request through my employer.

Please sign below to indicate that you have read and understand the procedures to follow in the event of an injury and your duties under our Medical Provider Network.

Print Name

Date

Employee Signature

Employer

Employee Number

A COPY OF THE MPN DIRECTORY IS AVAILABLE FROM YOUR EMPLOYER OR ADJUSTER UPON YOUR REQUEST.

**RECONOCIMIENTO DEL EMPLEADO DE LA
RED DE PROVEEDORES MÉDICOS**

Para brindar atención médica oportuna y de gran calidad ante una lesión ocasionada en el trabajo, hemos instituido una Red de Proveedores Médicos para Indemnización laboral.

Los procedimientos siguientes deben ser seguidos para todas las lesiones y enfermedades ocasionadas en el trabajo.

- Informe inmediatamente a su supervisor ante cualquier lesión ocasionada en el trabajo.
- Para una derivación a un médico especialista, comuníquese con su empleador o ajustador de reclamos.
- Cerciórese de que todo tratamiento médico sea brindado únicamente por la MPN (Red de Proveedores Médicos), a menos que tenga autorización para acudir a un profesional fuera de la red.
- Dirija todas sus preguntas sobre el nivel de atención al Médico de Cabecera, quien es el punto de referencia para todo tratamiento médico.
- Un directorio de proveedores de atención médica está disponible al solicitarlo a través de mi empleador.

Por favor firmar abajo para indicar que usted ha leído y entendido los procedimientos que se siguen en el evento de una lesión y sus responsabilidades conforme a nuestra Red de Proveedores Médicos.

Nombre en letra de imprenta

Fecha

Firma del empleado

Empleador

Número del empleado

UNA COPIA DEL DIRECTORIO DE LA MPN ESTÁ DISPONIBLE DE PARTE DE SU EMPLEADOR O AJUSTADOR AL SOLICITARLA.

EMPLOYEE RESPONSIBILITY AND ACKNOWLEDGMENT



I understand that it is my responsibility to comply with and observe all company safety and health rules and apply the principles of accident prevention in my day-to-day duties as outlined in this Employee Safety Handbook and the Code of Safe Practices contained within this document.

I agree to cooperate fully with my employer's safety programs and initiatives, follow all safety rules, and to report any unsafe work conditions to my employer and injuries to my employer and BBSI immediately upon discovery.

✓ **I have been shown the location of the following (✓all that apply):**

- Fire Extinguishers
- First Aid Kits
- Material Safety Data Sheets
- Emergency Exits
- Restrooms
- Designated Break/Lunch Areas

✓ **I have been issued the following (✓all that apply):**

- Safety Glasses
- Face Shield
- Respirators/Dust Masks
- Aprons/Chaps
- Shoes
- Fall Protection Equipment
- Hearing Protection
- Gloves/Hand Protection
- Hard Hat/Head Protection

✓ **I have read the Employee Safety Handbook and completed the following:**

- Safety Quiz
- Other: _____
- Other: _____
- Other: _____

Employee Section

✓ _____ ✓
Employee's Name (Print) Employee's Signature Date

✓ _____
Employee's Social Security Number Employment Start Date

Manager/Supervisor/Trainer Section

Manager/Trainer Name (Print) Manager/Trainer Signature Date

Payroll Election Form



Worksite Employer: _____ Date: _____
 Employee Name (print): _____
 Employee Signature: _____ Social Security #: _____

<input type="checkbox"/> New Enrollment	<input type="checkbox"/> Enroll in Direct Deposit to a Visa Payroll Card: You will receive your personalized PaychekPLUS! Elite® Visa® Payroll Card in 7 – 10 business days from your Manager or Payroll Administrator. <input type="checkbox"/> Deposit \$ _____ on each pay date (Enter "Net" if electing to deposit all net pay) By checking this box, you are choosing to have your pay direct deposited on a Visa payroll card and agree to the following: <small>Consent to Payroll Card Account: I hereby designate MetaBank™ as my financial institution to accept the direct deposit of my wages from my employer into an account at MetaBank. I choose to receive a payroll card in my name issued by MetaBank for the purpose of accessing my wages from my Payroll Card account. I acknowledge that third parties other than MetaBank may impose fees and charges in connection with the use of the Payroll Card, however, I understand that I may choose one of several transactions each pay period, which are outlined in the Cardholder Terms and Conditions, by which I can withdraw my entire net pay without the payment of a fee. I declare the foregoing to be true and complete to the best of my knowledge. I authorize Company to deposit my wages each payday directly into my Payroll Card account. This authority remains in effect until I have given written notice by writing to BBSI Payroll Administrator that I want it terminated. If funds to which I am not entitled are deposited into my Card Account, I authorize BBSI to direct MetaBank to return said funds. I also understand that it is my responsibility to verify deposits prior to any transactions against the Card balance.</small> <input type="checkbox"/> Enroll in Direct Deposit to a Bank Account: Please complete the section above and attach a voided check, or a copy of a voided check, or a printed confirmation of the ABA Transit Routing Number and your Account Number as it should appear in BBSI's payroll database. <input type="checkbox"/> Deposit \$ _____ on each pay date to my: (Enter "Net" if electing to deposit all net pay into this account) Name of Financial Institution: _____ ABA Transit Routing Number AND Account Number _____ <input type="checkbox"/> Checking <input type="checkbox"/> Savings Account <input type="checkbox"/> Deposit my remaining (if any) net pay to: ABA Transit Routing Number AND Account Number _____ <input type="checkbox"/> Checking <input type="checkbox"/> Savings Account
<input type="checkbox"/> Change Enrollment	Change in Direct Deposit: For any changes to original enrollment, please check this box and make the changes in the spaces provided above. A voided check, copy of a voided check or a printed confirmation of the ABA Transit Routing Number and your account number must be attached if you change financial institutions.
<input type="checkbox"/> Cancel Enrollment	Cancel Direct Deposit Option: Please indicate effective Date of Cancellation : _____

If you do not wish to participate in Direct Deposit please contact your BBSI representative for instructions.

I hereby authorize BBSI and the financial institution listed above to initiate entries into the account number listed on this Agreement. In the event that the financial institution is notified by BBSI that funds to which the employee is not entitled to have been deposited in error to the above listed account, I authorize the financial institution to return such funds to BBSI.

Please note: To ensure prompt and accurate processing of enrollment/change request, forward all employee applications including a voided check (no deposit slips) to BBSI as soon as completed. This agreement may only be terminated as outlined in the CANCEL DIRECT DEPOSIT option listed above. Direct Deposits will typically be effective within 14 days from the date this form is received by BBSI.

If you do not choose one of the direct deposit options above, and you do not complete the Direct Deposit Opt Out form on the reverse, you will automatically receive a Visa payroll card.

The PaychekPLUS! Elite Visa Payroll Card is issued by MetaBank™ pursuant to a license from Visa U.S.A. Inc.

****Direct Deposit into a Bank Account will not be entered without one of the below items. (Not applicable for Visa Payroll Card.)**

ATTACH

Voided Check OR Bank Printout of Account and ABA Routing Number**

No Deposit Slips

Printed Name _____ Signature _____ Date _____



TRADE SECRET AND CONFIDENTIALITY POLICY

During the term of your employment with TURNKEY EVENT LABOR, INC, hereafter called "TURNKEY," you may have access to or become acquainted with various trade secrets and confidential information, consisting of computer programs and related documentation, contract information, compilations of information, records and specifications, including but not limited to customer lists, marketing plans and financial information (whether or not designated and marked "CONFIDENTIAL" or the like), all of which are owned by TURNKEY and regularly used in the operation of TURNKEY's business.

All files, records, documents, specifications, equipment, computer software and similar items relating to the business of TURNKEY, whether they are prepared by the contractor or come into the contractor's possession in other ways and whether or not they contain or constitute trade secrets or confidential information owned by TURNKEY, are and shall remain the exclusive property of TURNKEY and shall not be copied or removed from the premises of TURNKEY under any circumstances whatsoever except as required in the course of your project / contract with TURNKEY.

At no time during, or after your employment with TURNKEY (unless specifically consented to in writing by TURNKEY) are you to either directly or indirectly use, divulge, disclose or communicate to any person, firm, corporation, association or any other entity, confidential information or trade secrets concerning any matters affecting or relating to the business of TURNKEY, including, but not limited to TURNKEY's strategic plans; marketing plans; pricing strategy; products; software; the names, addresses, preferences or practices of any of its clients; contracts with clients; commission or compensation plans for its employees or contractors. Upon the date of your dismissal, you are to promptly return to TURNKEY all equipment, documents, reports, correspondence, manuals, customer lists and all other written or graphic records, including any copies thereof, and other property of TURNKEY.

All client account records, price lists and any records and books relating in any way whatsoever to the clients or business of TURNKEY whether prepared by the employee or otherwise coming into the employee's possession, shall be the exclusive property of TURNKEY. All such books, records and any copies thereof shall be immediately returned to TURNKEY upon the completion of your project / contract.

The names and addresses of TURNKEY's client's, vendors, employees and TURNKEY's contracts with or proposes to such clients or prospective clients constitute trade secrets of TURNKEY and the sale or unauthorized use or disclosure of any of TURNKEY's trade secrets obtained during your employment with TURNKEY constitutes unfair competition. It is unlawful for an individual to engage in unfair competition with TURNKEY.

TURNKEY feels that it is important that all employees be aware of its Trade Secret and Confidentiality Policy. Therefore, we are providing a copy of the Trade Secret and Confidentiality Policy to all employees. By signing below, you are acknowledging that you have received a copy of TURNKEY's Trade Secret and Confidentiality Policy, and agree to abide by such policies.

Dated: _____, 20 ____

Employee's Signature

ACKNOWLEDGMENT OF RECEIPT

I have received my copy of the Company's employee handbook. I understand and agree that it is my responsibility to read and familiarize myself with the policies and procedures contained in the handbook.

I understand that except for employment at-will status, any and all policies or practices can be changed at any time by the Company. Company reserves the right to change my hours, wages, and working conditions at any time. I understand and agree that other than the President of Company, no manager, supervisor, or representative of the Company has authority to enter into any agreement, express or implied, for employment for any specific period of time, or to make any agreement for employment other than at-will; only the president has the authority to make any such agreement and then only in writing, signed by the president.

I understand and agree that nothing in the employee handbook creates or is intended to create a promise or representation of continued employment and that employment at Company is employment at-will; employment may be terminated at the will of either the Company or myself. My signature certifies that I understand that the foregoing agreement on at-will status is the sole and entire agreement between Company and myself concerning the duration of my employment and the circumstances under which my employment may be terminated. It supersedes all prior agreements, understandings, and representations concerning my employment with Company.

Date: _____

(Employee's Signature)

(Print Employee Name)

RETURN THIS PAGE TO TURNKEY