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**STATEMENT OF ACKNOWLEDGEMENT AND UNDERSTANDING**

Please initial each statement, then sign and date the bottom of the form.

\_\_\_\_\_\_ 1. I have read and understand the Policies and Procedures 24/7 A.S.A.P. Staffing ,

Inc.

\_\_\_\_\_ 2. I have read and understand the section on Pay.

\_\_\_\_\_\_ 3. I have read and understand the 24/7 A.S.A.P Equal Opportunity Policy.

\_\_\_\_\_\_ 4. I have read and understand the 24/7 A.S.A.P Harassment Policy.

­­­­\_\_\_\_\_\_ 5. I have read and understand the 24/7 A.S.A.P Safety Policy.

\_\_\_\_\_\_ 6. I have read and understand the Workers’ Compensation Policy.

I understand this panel is subject to change. Should I have an on-the-job injury, I am aware that I am to contact the 24/7 A.S.A.P, Inc. for the most updated Panel of Physicians PRIOR to seeking treatment. If it is a life threatening emergency, I am to seek treatment at the closest Emergency Room. I do understand the Emergency Room is only to be used for life threatening injuries or illnesses.

I have read, understand and received a copy of my state’s Compensation basics for the injured Worker and a current Panel of Physicians, if applicable.

\_\_\_\_\_\_ 7. I have read and understand the 24/7 A.S.A.P, Inc Disciplinary Policy.

\_\_\_\_\_\_ 8. I have read and understand the 24/7 A.S.A.P, Inc Dispute Resolution Policy.

\_\_\_\_\_\_ 9. I have read and understand the 24/7 A.S.A.P, Inc Substance Abuse Policy. I hereby agree to submit to a drug/alcohol test when required under the provision of this policy, and I authorize 24/7 A.S.A.P, Inc to receive the results of this test. Furthermore, I understand that refusing to submit to a drug screen, tampering with the specimen or testing positive will result in appropriate disciplinary action up to and including termination

\_\_\_\_\_10. I have read and understand the 24/7 A.S.A.P, Inc Security and Solicitation

Policies.

\_\_\_\_\_11. I have read and understand the section on the Medical Service Providers Policy.

\_\_\_\_\_13. I have read and understand the Cell Phone Policy.

\_\_\_\_\_14. I understand and agree that I cannot apply with a client where I have either worked or sent on an interview by 24/7 A.S.A.P, for at least 180

days following the last date of assignment or interview.

I certify that all 24/7 A.S.A.P, Inc Policies and Procedures listed above have been explained to me and I have received a copy of them. I acknowledge that, should I complete an assignment, it is my responsibility to contact 24/7 A.S.A.P,Staffing, Inc weekly for reassignment. Failure to do this may jeopardize my eligibility for unemployment benefits. I understand that my employment with 24/7 A.S.A.P, Inc s is at-will. This means that either 24/7 A.S.A.P, Staffing, Inc or I may end my employment at any time, with or without, reason.

Employee Name (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Name (Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

24/7 A.S.A.P. Staffing, Inc. (Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policies can be found on [www.asapstaffing24-7.com](http://www.asapstaffing24-7.com)