



All Florida Staffing, Inc
 2111 Garden St.
 Titusville, Fl 32796
 321-269-6700
 Toll Free 866-206-9546
 Fax 321-269-5599
WWW.ALLFLORIDASTAFFING.COM

Employment Application

Name: _____ Social Security # _____

Street: _____ Apt # _____ City: _____ St: _____

Zip: _____ Email Address: _____

Birth Date: _____

Home Phone: _____ Cell: _____ Message Phone: _____

Emergency # _____ Emergency Contact Name/Relationship: _____

Position Applying for: _____

Do You Have Transportation? Yes No Will you Travel? Yes No

Pay Scale \$ _____ Max Miles will Drive _____

References:

Please list the last two companies you have worked:

Company	Contact Name	Phone	Dates Employed
Company	Contact Name	Phone	Dates Employed

I am aware the All Florida Staffing, Inc. will verify any information submitted on my application.

Signature _____ Date _____

How did you hear about All Florida Staffing? Newspaper Friend Job Services
 Current / Former Employee _____
Name of employee



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Industrial / Construction Skill Sheet

Please document the number of years and months as applicable:

Years of experience in the Electrical Field

_____ Commercial Please list project names, length of time, and company name.

_____ Industrial Please list project names, length of time, and company name.

List any experience other than electrical

Do You Have Tools? Yes No



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(Herein After Referred to as “AFS”)

THIS APPLICATION IS NOT AN OFFER OF EMPLOYMENT.

You will be considered for employment without regard to race, color, religion, sex, national origin or age. The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 65 years of age.

ONE OR MORE OF THE FOLLOWING CONDITIONS MET BY AN EMPLOYEE CONSTITUTES A VOLUNTARY QUIT CONNECTED WITH WORK AND UNEMPLOYMENT BENEFITS MAY BE DENIED.

1. Failure to call AFS at each assignments end with notification of your availability.
2. Failure to call in at least three (3) times weekly when not on assignment. Phone number to call for this requirement is 321-269-6700.
3. Failure to notify AFS with a change in address or phone number.
4. Refusal or failure to accept a suitable work assignment based upon pay, qualifications or location.
5. The company’s receipt of an unemployment claim from you without prior notification of your ability is notice of a voluntary quit.
6. Not reporting to work 3 days consecutively without notification to our office is considered voluntary quit.

By initialing this line, I have read and agree to the fore mentioned statements. _____

Signature: _____ Date: _____

POLICIES AND PROCEDURES

Should any employee want to view All Florida Staffing, Inc's. Employee Manual it is available for review at the Corporate Office.

ASSIGNMENTS

When you are given a job assignment, you will be told what the job duties are, safety equipment needed, pay, whom to report to, the client name and location of job site. After you accept the job assignment, you will be expected to report *on time* and ready to work. If you do not like an assignment, you should finish the day, and then request reassignment. If you walk off a job before your shift has ended, we will assume you have voluntarily quit. If you get on a job site and the client asks you to do work other than what the AFS representative has already assigned to you, you are to notify the AFS office.

*I read and understand the above paragraph initial _____

WORKERS COMPENSATION

All Florida Staffing, Inc. (AFS) maintains workers compensation insurance for injuries occurring on the job. If you have a work related injury, it is mandatory that you follow the steps below.

- Notify a client supervisor and the All Florida Staffing, Inc. office immediately
- If injury is not severe, report it to the AFS office so they can set up an appointment with a treatment facility
- If injury requires immediate treatment, go directly to the designated medical care provider. After treatment has been completed report it to the AFS office to complete the required insurance forms
- You will be required to take a drug test at the time of your injury
- You must report any injuries, no matter how slight to the AFS representative
- AFS or its insurance company will pay for your medical care, medications, surgery and supplies as needed for a work related injury. If you fail to report the injury, you could lose your right to payment of your medical treatment.

*I read and understand the above paragraph initial _____

ANTI-HARRASSMENT POLICY

AFS is committed to a dignified workplace where all employees are treated fairly. Harassment, intimidation and discrimination, whether based on gender, race, religious or ethnic background, physical capability or social upbringing, are unacceptable to us. Employees found in violation of this policy and expectation will be terminated immediately. You are to report any suspected incident of harassment, intimidation or discrimination of any type from a co-worker, client, vendor, manager or other individual in the workplace to an AFS Manager.

*I read and understand the above paragraph initial _____

TIME CARDS/HOURLY RATES/PAY CHECKS

Time Sheets are sent to the job site by the office. It is the employees responsibility to make sure they initial the times sheets to ensure accuracy. Please review them PRIOR to initialing them. If corrections are needed they will be made the following week. Your paycheck will be delivered each Friday before you leave for the day. In the event an assignment ends, we will make every attempt to arrange for a meeting place for you to receive your check, if this is not possible, the employee may contact the office to find alternative methods of getting their check. In the event a check is mailed, the office will confirm the address with the employee. If the check is lost in the mail the bank charges a \$30.00 stop payment fee the employee will be responsible for. We will always do our best to place each of our employees on a job that will pay the hourly rates requested. However, this is sometimes not possible. With this in mind, we will still contact each employee and give them the option of taking a job at a lesser pay or wait for another job.

*I read and understand the above paragraph initial _____

ATTENDANCE

If you are on a report or on a long-term assignment, AFS and our client expects you to be at work and on time. If for any reason you are unable to be at work, or will not be on time, you are required to notify the AFS office prior to your scheduled arrival time. Failure to notify the AFS office will be considered a voluntary quit and may result in future assignments not being offered. *I read and understand the above paragraph initial _____

Your safety is All Florida Staffing, Inc. (known hereafter as AFS) first and most important concern. We are committed to providing a safe work environment for our employees. As an AFS employee, you will be required and are expected to follow the safety procedures below each and every time you are out on assignment. Violation to safety procedures will result in disciplinary action up to and including termination.

- Any alcohol consumed while either on the job or before work is to be considered a violation of company and safety hazard and is justification for dismissal.
- Do not work on unsafe ladders or scaffolding. Do not attempt to operate any unsafe machine, power tool or equipment, or work in heights in excess of 6ft. without first checking the ladder or lift to be sure it is in safe operating order, or more than 4 ft. below the ground unless the proper shoring equipment has been supplied.
- Always wear safety equipment during your assignment. Hard hats, safety glasses, ear plugs, gloves and safety belts are all examples of equipment that may be required to ensure your safety. If you do not have the proper equipment ask for it.
- Comply with all safety procedures, rules, signs and safe work practices. Compliance is necessary for the well being of yourself and those who work around you. If you find an unsafe situation, STOP! And bring it to a supervisors attention. If it is not fixed, contact AFS's Office toll free 866-206-9546.
- Do not take risks that endanger anyone's safety or health! If you are uncertain as to the proper procedure: ASK! Attend all safety meetings and training when applicable.
- Report all fires or emergencies immediately.
- Put everything you use in its proper place and keep all work areas clean and orderly. Good housekeeping is essential for safety and quality of work.
- When working with equipment or machinery, never remove or defeat safety guards, devices or controls. Know the location and correct operation of all safety/stop controls on equipment you use.
- Know evacuation procedures and where the emergency exits are located. Know the location of any emergency equipment, such as fire extinguishers and first aid kits. Do not give first aid unless you are certified to do so.
- Watch out for the safety of those around you. Point our unsafe acts to supervisors.
- When working around machinery do not wear dangling clothing, loose hair or jewelry.
- Only trained and authorized personnel may perform electrical work, equipment repairs or adjustments, welding, cutting or confined space entry.
- All employees are prohibited from bringing firearms, weapons, or other dangerous or hazardous devices or substances onto any job sites without prior and proper authorization.
- Employees under the age of 18 are prohibited from working in manufacturing plants or on construction sites.
- Lockout/Tagout any live circuit is to be turned off prior to being worked on. Lockout/Tagout procedures are as follows:
 - Notify all affected employees of the impending lockout situation, the reason for it, and estimated start and duration times.
 - Place the breaker or switch in the "Off" or "Safe" position.
 - Lockout and tagout all in-line points of control. In most cases, this may be more than one place or more than one lock if several people are working on the equipment.
 - Lockout verification:
 - Verify that the locked-out switch or control cannot be overridden.
 - Test the equipment to be certain that the locked-out switch is de-energized and simply malfunctioning.
 - Press all start buttons to see if the equipment starts.
 - Ensure the system you will be working on is the same one that has been locked out.

- All locks and tags are to be left in place until work is completely finished. A lock is never to be removed except by the person who placed it there. Only immediate supervisors are to authorize emergency removal of a lock or tag.
- Before restarting the equipment, verify the following:
 - All tools and other items have been removed.
 - All machine guards are in place.
 - All electric systems are reconnected.
 - All employees are clear of equipment.

By signing below, I confirm All Florida Staffing, Inc's safety program has been verbally read to me. I am aware safety meetings will be conducted by All Florida Staffing, Inc. and it is **mandatory** for me to be at each one on time.

I also understand further action, described as follows, will be issued if I miss any of the safety meetings:

- 1st missed meeting: Verbal Warning
- 2nd missed meeting: Written Warning
- 3rd missed meeting: Suspended without pay, until I complete the AFS training session in my own time.
- 4th OSHA 10 hour certification training course at my own expense.

I further agree by my signature, to abide by ALL safety requirements, and will help keep a safe working environment as required.

Employee Signature _____ Date: _____

Printed Name: _____

Witness Signature: _____ Date: _____

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

- A citizen or nation of the United States
- A lawful permanent resident (Alien # _____)
- An alien authorized to work until ____/____/____

Signature: _____ Date: _____

Printed Name: _____

Witness Signature: _____ Date: _____



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Pay Deductions

Any employee who is told to leave a job early, due to misconduct or poor job performance, or simply walks off a job, will be paid minimum wage for the hours worked and signed for by the job supervisor.

The paychecks will be not be available for distribution until Friday, the usual day paychecks are distributed.

Any unexcused or ununiformed absentees or tardy's may result in a reduction of pay, or job loss, to be determined at the sole discretion of All Florida Staffing, Inc Management.

It is company policy for the employees to contact the office and advised of any employment changes.

Employees are responsible for loss, damage (beyond reasonable wear & tear), or breakage to any tool or piece of equipment borrowed from or loaned by either the contractor assigned too or All Florida Staffing, Inc. Deduction will be for the amount of the tool or equipment.

Signature

Date



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All Florida Staffing, Inc. is an equal opportunity employer. This employment application is for the position of Commercial Construction Electrician. The job will entail all duties required of a commercial electrician or helper. Please answer the following questions honestly and detail any health problem or disability which would not allow you to perform the job assigned:

Please answer yes or no to the following questionnaire and use the comment section to detail “yes” answers:

1. Is squatting or kneeling a problem Yes ____ No ____

2. Do you have any problems with heights Yes ____ No ____

1. Are you able to lift 50 lbs repetitiously Yes ____ No ____

2. Are you able to work with both arms and hands equally Yes ____ No ____

3. Are you able to stand on your feet for hours at a time Yes ____ No ____

4. Are you able to distinguish colors Yes ____ No ____

5. Are you able to climb ladders or stairs Yes ____ No ____

6. Do you have any hearing impairments Yes ____ No ____

Under penalty of perjury, I declare that I have read the foregoing and the facts alleged are true to the best of my knowledge and belief.

Signature: _____ Date: _____

Medical Questionnaire
All Florida Staffing, Inc.

Name of employee _____

Height _____

Social Security # _____

Weight _____

1. Do you now have, or have you ever had, any of the following?

	Yes	No		Yes	No
Epilepsy (convultios,seizures)	<input type="checkbox"/>	<input type="checkbox"/>	Total deafness	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Hyperinsulinaism	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes (medication?)	<input type="checkbox"/>	<input type="checkbox"/>	Muscular Dystrophy	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac (heart) disease	<input type="checkbox"/>	<input type="checkbox"/>	Thrombophlebitis	<input type="checkbox"/>	<input type="checkbox"/>
Polio (poliomyelitis)	<input type="checkbox"/>	<input type="checkbox"/>	Herniated interverebral disk	<input type="checkbox"/>	<input type="checkbox"/>
Amputation of foot, leg, arm, or hand	<input type="checkbox"/>	<input type="checkbox"/>	Surgical removal of an intervertebral disk, or spinal fusion	<input type="checkbox"/>	<input type="checkbox"/>
Patellectomy (surgically removed kneecap)	<input type="checkbox"/>	<input type="checkbox"/>	Surgical or spontaneous fusion of a major weight-bearing joint (frozen joint)	<input type="checkbox"/>	<input type="checkbox"/>
Total loss of sight of one or both eyes, or a partial loss of corrected vision of more than 75% bilaterally	<input type="checkbox"/>	<input type="checkbox"/>	One or more back or neck injuries or a disease process of the back or neck, substantiated by a doctor's opinion and resultin in disability over a total of 120 or more days	<input type="checkbox"/>	<input type="checkbox"/>
Meniscectomy (inflammation of cartilage of certain joints-e.g. knee)	<input type="checkbox"/>	<input type="checkbox"/>	Obesity (30% overweight)	<input type="checkbox"/>	<input type="checkbox"/>
Cerebral palsy	<input type="checkbox"/>	<input type="checkbox"/>	Hemophilia	<input type="checkbox"/>	<input type="checkbox"/>
Parkinson's disease	<input type="checkbox"/>	<input type="checkbox"/>	Chronic osteomyelitis (infection in bone)	<input type="checkbox"/>	<input type="checkbox"/>
Multiple sclerosis	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>
Ruptured cruciate ligament (knee ligament)	<input type="checkbox"/>	<input type="checkbox"/>			

2. Have you previously received workers' compensation for an on-the-job injury?
 yes no *if yes, did you have surgery?* yes no *if yes, please write why, when and where*
3. Have you ever received a disability rating or had one assigned to you by an insurance company or state/federal agency?
 yes no
4. Have you ever injured or sprained your back? *If yes, state percentage: _____%*
 yes no *if yes, did you have surgery?* yes no *if yes, give details.*
5. Have you ever injured or sprained your neck?
 yes no *if yes, did you have surgery?* yes no *if yes, give details.*
6. Have you ever injured or sprained a knee?
 yes no *if yes, did you have surgery?* yes no *if yes, give details.*
7. Have you ever had any other type of surgery not mentioned above?
 yes no *if yes, did you have surgery?* yes no *if yes, give details.*
8. Do you have arthritis?
 yes no *if yes, what parts are affected?* _____
9. Are you on medication for arthritis? yes no

The information on this form shall not be used to discriminate against a qualified individual with a disability because of the existence of the disability in regard to the following: job application procedures; firing, advancement or discharge of the employee; employee compensation; job training; and other terms, conditions and privileges of employment.

Under penalty of perjury, I declare that I have read the foregoing and that the facts alleged are true to the best of my knowledge and belief.

Employee's signature _____ Date _____

Employer's signature _____ Date _____

Form W-4 (2010)

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 2010 expires February 16, 2011. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on his or her tax return.

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 may 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. 919, How Do I Adjust My Tax Withholding, 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. 919 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. 919 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. 919 to see how the amount you are having withheld compares to your projected total tax for 2010. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for **yourself** if no one else can claim you as a dependent **A** _____

B Enter "1" if:
 {
 • 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** _____

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** _____

D Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return **D** _____

E Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above) **E** _____

F Enter "1" if you have at least \$1,800 of **child or dependent care expenses** for which you plan to claim a credit **F** _____
 (Note. Do **not** include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

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 \$61,000 (\$90,000 if married), enter "2" for each eligible child; then **less** "1" if you have three or more eligible children.
 • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" **additional** if you have six or more eligible children. **G** _____

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** _____

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 have **more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$18,000 (\$32,000 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.
 }

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

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin:0;">Employee's Withholding Allowance Certificate</h2> <p style="margin:0;">► 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>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; text-align: center;">2010</div>
1 Type or print 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. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
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 _____
6 Additional amount, if any, you want withheld from each paycheck		6 \$ _____
7 I claim exemption from withholding for 2010, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to 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 _____
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 (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)

Form I-9, Employment Eligibility Verification

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 documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

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 #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature	Date (month/day/year)
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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.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)
All Florida Staffing, Inc. 2111 Garden St., Titusville FL 32926		

Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
-----------------------------	----------------------------------------------------

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____	Document #: _____	Expiration Date (if any): _____
-----------------------	-------------------	---------------------------------

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 (month/day/year)
----------------------------------------------------	-----------------------

PLEASE SEND A COPY OF YOUR DRIVER LICENSE AND SOCIAL SECURITY OR ANY OF THE OPTIONS LISTED BELOW CARD FOR PAYROLL PURPOSES

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

Documents that Establish Both Identity and Employment Authorization

LIST B

Documents that Establish Identity

LIST C

Documents that Establish Employment Authorization

OR AND

1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
	4. Voter's registration card	
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	5. U.S. Military card or draft record	5. Native American tribal document
	6. Military dependent's ID card	
	7. U.S. Coast Guard Merchant Mariner Card	6. U.S. Citizen ID Card (Form I-197)
	8. Native American tribal document	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	9. Driver's license issued by a Canadian government authority	
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	For persons under age 18 who are unable to present a document listed above:	
	10. School record or report card	8. Employment authorization document issued by the Department of Homeland Security
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

New Employee Orientation

Your safety is All Florida Staffing, Inc. (known hereafter as AFS) first and most important concern. We are committed to providing a safe work environment for our employees. As an AFS employee, you will be required and are expected to follow the safety procedures below each and every time you are out on assignment. Violation to safety procedures will result in disciplinary action up to and including termination.

- Do not work on unsafe ladders or scaffolding. Do not attempt to operate any unsafe machine, power tool or equipment, or work in heights in excess of 6ft. without first checking the ladder or lift to be sure it is in safe operating order, or more than 4 ft. below the ground unless the proper shoring equipment has been supplied.
- Always wear safety equipment during your assignment. Hard hats, safety glasses, ear plugs, gloves and safety belts are all examples of equipment that may be required to ensure your safety. If you do not have the proper equipment ask for it.
- Comply with all safety procedures, rules, signs and safe work practices. Compliance is necessary for the well being of yourself and those who work around you. If you find an unsafe situation, STOP! And bring it to a supervisors attention. If it is not fixed, contact AFS's Office toll free 866-206-9546.
- Do not take risks that endanger anyone's safety or health! If you are uncertain as to the proper procedure: ASK! Attend all safety meetings and training when applicable.
- Report all fires or emergencies immediately.
- Put everything you use in its proper place and keep all work areas clean and orderly. Good housekeeping is essential for safety and quality of work.
- When working with equipment or machinery, never remove or defeat safety guards, devices or controls. Know the location and correct operation of all safety/stop controls on equipment you use.
- Know evacuation procedures and where the emergency exits are located. Know the location of any emergency equipment, such as fire extinguishers and first aid kits. Do not give first aid unless you are certified to do so.
- Watch out for the safety of those around you. Point out unsafe acts to supervisors.
- When working around machinery do not wear dangling clothing, loose hair or jewelry.
- Only trained and authorized personnel may perform electrical work, equipment repairs or adjustments, welding, cutting or confined space entry.
- All employees are prohibited from bringing firearms, weapons, or other dangerous or hazardous devices or substances onto any job sites without prior and proper authorization.
- Employees under the age of 18 are prohibited from working in manufacturing plants or on construction sites.
- Lockout/Tagout any live circuit is to be turned off prior to being worked on. Lockout/Tagout procedures are as follows:
 - Notify all affected employees of the impending lockout situation, the reason for it, and estimated start and duration times.
 - Place the breaker or switch in the "Off" or "Safe" position.
 - Lockout and tagout all in-line points of control. In most cases, this may be more than one place or more than one lock if several people are working on the equipment.
 - Lockout verification:
 - Verify that the locked-out switch or control cannot be overridden.
 - Test the equipment to be certain that the locked-out switch is de-energized and simply malfunctioning.
 - Press all start buttons to see if the equipment starts.
 - Ensure the system you will be working on is the same one that has been locked out.

- All locks and tags are to be left in place until work is completely finished. A lock is never to be removed except by the person who placed it there. Only immediate supervisors are to authorize emergency removal of a lock or tag.
- Before restarting the equipment, verify the following:
 - All tools and other items have been removed.
 - All machine guards are in place.
 - All electric systems are reconnected.
 - All employees are clear of equipment.

By signing below, I confirm All Florida Staffing, Inc's safety program has been verbally read to me. I am aware safety meetings will be conducted by All Florida Staffing, Inc. and it is **mandatory** for me to be at each one on time.

I also understand further action, described as follows, will be issued if I miss any of the safety meetings:

- 1st missed meeting: Verbal Warning
- 2nd missed meeting: Written Warning
- 3rd missed meeting: Suspended without pay, until I complete the AFS training session in my own time.
- 4th OSHA 10 hour certification training course at my own expense.

I further agree by my signature, to abide by ALL safety requirements, and will help keep a safe working environment as required.

I have reviewed, been read and received a copy of the New Employee Orientation Package.

Employee Signature _____ Date: _____

Printed Name: _____

Witness Signature: _____ Date: _____