



EMPLOYEE NEW HIRE & SAFETY ORIENTATION SIGNATURE PAGE

PRINT NAME: _____

DATE: _____

PLEASE READ AND SIGN THE FOLLOWING...

#1 WEEKLY TIME ENTRY AGREEMENT - I have read and acknowledge. I understand that while working for **ONE Elite Staffing** for the **{Company/Client Name}**, it is my responsibility to enter my weekly time no later than 10 A.M. Monday morning. I further understand that failure to do so **WILL** result in my weekly paycheck being delayed by one week. I fully understand the importance of abiding by this expectation and understand that multiple occurrences can & will result in termination of my assignment.

Initial: _____

#2 EMPLOYEE CONTACT POLICY – I have read and acknowledge. I understand that as a **ONE Elite Staffing** associate it is my responsibility to keep my contact information up to date with my employer, **ONE Elite Staffing**. Upon completion of any **ONE Elite Staffing** job assignment, I understand that it is my responsibility to contact **ONE Elite Staffing** office, by phone or in person, within one business day, between 8am - 5pm Monday thru Friday.

I understand that the following may result in interruption or denial of unemployment benefits:

- Failure to notify the **ONE Elite Staffing** office that I am available for work, within one business day of completing an assignment. Contact **MUST** be made by phone or in person
- Upon completion of my job assignment, refusing a job assignment offered by **ONE Elite Staffing**.
(214) 817-0763

Initial: _____

#3 ATTENDANCE & PUNCTUALITY POLICY – I have read and acknowledge. **ONE Elite Staffing** Attendance & Punctuality Policy. **ONE Elite** requires good attendance while you are on assignment. Unsatisfactory situations include:

- ✓ Tardiness or Leaving work early
- ✓ Absences or No shows
- ✓ Extended breaks and lunches

Failure to adhere to any of these procedures would be grounds for termination with **ONE Elite**. **Specifically, any No Call No Show or excessive issues will result in termination with **ONE Elite Staffing**. This means that you would no longer be eligible for further job assignments with **ONE Elite Staffing**.**

Initial: _____

#4 DEPENDABILITY – I understand, if I “walk-off” a job assignment that **ONE Elite Staffing** assigns me to without notifying your immediately supervisor and/or a **ONE Elite** Representative will result in disciplinary action up to being released from my job assignment and termination of employment with **ONE Elite Staffing**. I also understand that “walk-off” an assignment without notification will be considered self-termination of my employment with **ONE Elite Staffing**.

Initial: _____





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#5 DRUG AND ALCOHOL POLICY - I have read and acknowledge. **ONE Elite Staffing** strives to provide a safe work environment and encourages personal health. In keeping with this policy, the company considers the abuse of drugs or alcohol on the job to be an unsafe and counter productive work practice. Employees will be required to submit to drug and/or alcohol testing at a laboratory chosen by the company if there is a cause for reasonable suspicion of substance abuse. Whenever possible, the supervisor should have the employee observed by a second supervisor or manager before requiring testing. Employees who refuse drug and/or alcohol testing under these circumstances will be terminated.

Initial: _____

#6 ABSENT/CALL IN – I understand and acknowledge, if I must call in due to illness or other uncertain circumstances. It is my duty to contact / notified my **ONE Elite** Representative either via email/phone call or text message.

Email: info@1elitestaff.com

Phone line: **(972) 482-5033** (Company message phone number and text message number)

Initial: _____

#7 EMPLOYEE DIRECT DEPOSIT AUTHORIZATION – I have read, acknowledge, and approve, given authorization for **ONE Elite Staffing** to withhold the indicated amount(s), if available, from my pay, and deposit directly into the bank account(s). The direct deposit(s) will be made on each payday unless I notify **ONE Elite Staffing** in writing of my intent to cancel. Upon **ONE Elite Staffing** receipt of a request to cancel a direct deposit authorization, it shall become effective after a reasonable opportunity to act upon it. **I certify that I am authorized to enter into this agreement as the account holder.**

Initial: _____

#8 EMPLOYEE VERIFICATION – I hereby authorize **ONE Elite** permission to release any work-related information to any of to any government agencies, outside companies, or **ONE Elite** customer is requesting this information. I also understand that on certain occasions **ONE Elite** may be requested by its' customer to review and /or inspect my personnel records to confirm that I meet the customer's hiring criteria, as well as to confirm my eligibility to work in the US. I will not hold **ONE Elite** liable for any damages caused by releasing this information.

Initial: _____

#9 CONFIDENTIAL AGREEMENT – I agree not to disclose or divulge any of **ONE Elite** customers information by verbal, written, or electronic means, before, during, or after my assignment. This same standard of confidentiality applies to all **ONE Elite** information, including client contacts, or wages with co-workers or other employees of our customers, or competing staffing companies.

Initial: _____

In receipt of **ONE Elite Staffing** New Hire HR Orientation and Safety Guidelines package. I have read and acknowledge that I understand all the office policies and procedures.

Employee Signature

Date

ONE Elite Rep

Date

