



Getting you back to business!

Have employee fill out, sign and date the following forms and return the originals to HR 1-SOURCE.

“We are required by law to have these records on file... We cannot process payroll for any employee who has not completed and returned these forms.”

HR – 1 SOURCE Management

**Required Forms:**

Employee Application  
Form A-4 (or applicable State Tax form)  
Form W-4  
Form I-9  
Acknowledgment of Probation  
Applicant’s Statement  
Arbitration Agreement  
Substance Abuse Policy  
Medical Information Release Form  
General Safety Rules

Direct Deposit Authorization  
(If applicable)

***Welcome to HR-1 SOURCE!***



## ACKNOWLEDGMENT OF PROBATION

I understand that I am on probation as an employee for the first ninety days of my employment, which started on \_\_\_\_\_ for the purposes of the Alabama “Unemployment Compensation Law.” I understand that if my employer discharges me for any unsatisfactory work performance under the Alabama “Unemployment Compensation Law,” my employer’s account will not be charged for any employment benefits which I might be eligible for in the future.

I acknowledge that I signed this form within (7) days of my employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security Number

## APPLICANT’S STATEMENT

I certify that answers given herein are true and completed to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will” nature, which means that an Employee may resign at any time and the employer may discharge an employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the employer.

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\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

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## **Arbitration Agreement for All Employees**

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Revision date: 10/01/2003

The company has adopted the following arbitration policy.

It is effective as of 01/01/2004. Continuing to work after that date will signify an employee's acceptance of and agreement to this policy. Any controversy or claim made on or after 01/01/2004 arising out of or relating to an employee's employment, termination of employment, employee benefits or employment agreement, including but not limited to any controversy or claim arising out of or relating to 42 USC §1981, 42 USC §1981A, Title VII of the Civil Rights Act of 1964, 42 USC 2000e et seq., Americans with Disabilities Act, Age Discrimination in Employment Act, Older Workers Benefit Protection Act, Family and Medical Leave Act, Employee Retirement Income Security Act, Equal Pay Act, National Labor Relations Act, Occupational Safety and Health Act, Environmental Protection Act, Fair Labor Standards Act, (state) Constitution, (state) Labor Code, (state) Commission on Human Rights Act, (state) Workers' Compensation Act, any amendments to any of the foregoing, the common law, equity, any tort or any other federal, state, or local law shall be settled by binding arbitration in accordance with the then current Resolution of Employment Dispute Rules ("Rules") of the American Arbitration Association ("AAA") (or any successor rules) which are hereby incorporated by this reference.

Unless a filing of a claim is necessary due to a statute of limitations, the company and the employee may not be required to submit any such claim or controversy to arbitration until the company and the employee have first exhausted the company's internal appeals procedures, although they may voluntarily do so at any point in processing any dispute.

### **Arbitration Costs**

The employee will bear administrative costs above \$100.00 dollars (i.e., AAA filing fees, AAA deposits, arbitrators' fees, charges for the facility for the arbitration the employee's attorneys' fees, accountants' fees, experts' fees, travel, lodging, preliminary discovery, photocopies, telephone costs, and similar expenses of the dispute procedure) of an arbitration; provided however, that the arbitrator shall have the power to apportion among the parties expenses such as pre-hearing discovery, travel, experts' fees, accountants' fees, and attorneys' fees except as may otherwise be provided by law.

### **Decisions**

The decision of the arbitrator shall be final and binding on all parties, and judgment on the arbitrator's award may be entered in any court of competent jurisdiction.

The employee and the company acknowledge that by agreeing to use arbitration, they are waiving the right to a jury trial for any claim covered by this arbitration agreement.

Any arbitration will be conducted in accordance with the following provisions, notwithstanding the Rules of the AAA.

### **Location**

The arbitration will take place at a neutral location within Mobile County. The arbitrator will be selected from the members of the commercial panel of the AAA who reside in the Mobile metropolitan area.

The arbitrator shall apply State of Alabama and federal law, as the case may be, to the claim or controversy and the Federal Arbitration Act to the interpretation, enforcement, and proceedings under this arbitration provision. The company is engaged in transactions involving interstate commerce and the employee's employment involves such commerce.

**Offers**

Either party may make an offer of judgment at any time in accordance with the procedures of Rule 68 (or its successor) of the federal Rules of Civil Procedure. The existence of such an offer is not admissible in any proceeding. If the monetary award of the arbitrator to a party is less than any monetary offer to that party under Rule 68, then that party receiving such award shall pay the other party his/her/its reasonable attorney's fees, expert's fees, accountant's fees, and other costs incurred with respect to the arbitration following the date of the offer of judgment in accordance with Rule 68. Such amount is to be deducted from the award prior to payment.

Arbitration is the exclusive remedy for any dispute between the parties; provided however, either party may seek injunctive relief from a state court in Mobile County or in the United States District Court.

**Claims**

If there is a dispute as to whether a claim is subject to arbitration, the arbitrator will decide such issue. The arbitrator may award punitive damages only to the extent that such damages could be awarded by a court and/or jury under applicable Alabama or federal law.

The claim and any counterclaim must be filed with the AAA within the applicable statute of limitations. If not timely filed, the claim and any counterclaim shall be void and deemed waived. The party requesting arbitration must send written notice to the AAA, with a copy to the other party at its last known address.

The arbitrator will issue a written determination sufficient to ensure consistent application of any company policies in the future.

Adequate consideration for this arbitration provision is represented by, among other things, the offer of employment, continuation of employment, the compensation paid to the employee, and the agreement by both parties to submit to arbitration.

Any lawsuits challenging the validity or enforceability of this arbitration provision will be brought in the United States District Court.

This arbitration policy and agreement does not create any employment contract for a specified term. Employees may terminate their employment at any time with or without cause and the company retains the same right.

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Company representative

\_\_\_\_\_  
Employee printed name

\_\_\_\_\_  
Representative printed name

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Effective date

# **SUBSTANCE ABUSE POLICY**

It is the purpose of HR - 1 SOURCE to help provide a drug free environment for our clients and our employees. With this goal in mind, and because of the serious drug abuse problem in today's workplace, we are establishing the following policy for existing and future employees of HR - 1 SOURCE.

**HR - 1 SOURCE explicitly prohibits:**

The use, possession, and solicitation for or sale of narcotics or other illegal drugs, alcohol, or prescription medication without a prescription on company or customer premises or while performing an assignment.

Being impaired or under the influence of legal or illegal drugs or alcohol off the company or customer premises that adversely affects the employee's work performance, his or her own or others safety at the workplace, or the employer's reputation.

HR - 1 SOURCE, may drug test using N.I.D.A. standards by three methods:

- ◆ Pre-employment: As may be required by client:
- ◆ Randomly: A random selection of some employees for testing will be done unannounced.
- ◆ For Cause: When it is the company's belief that a drug problem exist (such as evidence of drugs, accidents, injuries in the workplace, fights or other behavioral symptoms of drug abuse, negative performance patterns, excessive absenteeism or tardiness) for-cause testing will be utilized.

Employees of HR - 1 SOURCE who refuses to submit to drug testing, test positive or admit to substance abuse will be subject to termination. Also, failure to comply with this agreement will be grounds for termination.

Also employees of HR - 1 SOURCE who test positive or admit to substance abuse will be referred to local public agencies that provide rehabilitation and counseling services.

The result of all drug testing will be treated confidentially, and for no purpose other than for HR - 1 SOURCE to make employment-related decisions.

**I certify that I have read, understand and agree to the above listed policy.**

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

# EDUCATION

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| Name and Address | Years of Schooling | Course of Study | Completed | Diploma Degree |
|------------------|--------------------|-----------------|-----------|----------------|
|------------------|--------------------|-----------------|-----------|----------------|

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Elementary School

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High School

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Undergraduate School

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Graduate Professional

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Other (specify)

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Indicate foreign Languages You Can Speak Read and / Write

Fluent

Good

Fair

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Speak

Read

Write

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Describe any Specialized Training, Apprenticeship, Skills and Extra-Curricular Activities.

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Describe any Job-Related Training Received in the United States Military

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# Employment Experience

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Start with your present or last job. Include any Job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status.

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|                     |   |                |
|---------------------|---|----------------|
| 1. Employer         | Dates Employed<br>From      To            | Work Performed |
| Address             |   |                |
| Telephone Number(s) | Hourly Salary Rate<br>Starting      Final |                |
| Job Title           | Supervisor                                |                |
| Reason For Leaving  |   |                |

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|                     |   |                |
|---------------------|---|----------------|
| 2. Employer         | Dates Employed<br>From      To            | Work Performed |
| Address             |   |                |
| Telephone Number(s) | Hourly Salary Rate<br>Starting      Final |                |
| Job Title           | Supervisor                                |                |
| Reason For Leaving  |   |                |

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|                     |   |                |
|---------------------|---|----------------|
| 3. Employer         | Dates Employed<br>From      To            | Work Performed |
| Address             |   |                |
| Telephone Number(s) | Hourly Salary Rate<br>Starting      Final |                |
| Job Title           | Supervisor                                |                |
| Reason For Leaving  |   |                |

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# GENERAL SAFETY RULES

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HR - 1 SOURCE has developed these safety rules patterned after the Federal OSHA requirements. Please read and become familiar with these rules, and other safety rules that apply to your job.

1. Report any injury to your employer/supervisor and HR - 1 SOURCE immediately. HR - 1 SOURCE will coordinate with the client the proper procedure for treatment and reporting of the injury.
2. Report any observed unsafe condition to your employer/supervisor.
3. Horseplay is prohibited at all times.
4. The drinking of Alcoholic beverages is not permitted on the job. Any employee discovered under the influence of alcohol or drugs will not be permitted to work and may be grounds for termination.
5. If you do not have current first aid training do not move or treat an injured person unless there is an immediate peril, such as profuse bleeding or stoppage of breathing.
6. Appropriate clothing and footwear must be worn on the job at all times.
7. An approved hard hat must be worn, (if required), where there exists the hazard of falling objects.
8. You should not perform any task unless you are trained to do so and are aware of the hazards associated with that task.
9. You may be assigned certain personal protective safety equipment. This equipment should be available for use on the job, be maintained in good condition, and worn when required.
10. Learn safe work practices. When in doubt about performing a task safely, contact your supervisor for instruction and training.
11. The riding of a hoist hook, or on any other equipment not designed for such a purpose, is prohibited at all times.
12. Never remove or by-pass safety devices.
13. Do not approach operating machinery from the blind side; let the operator see you.
14. Learn where fire extinguishers and first aide kits are located.
15. Maintain a general condition of good housekeeping in all work areas at all times.
16. Obey all traffic regulations when operating vehicles on public highway.
17. When operating or riding in company vehicles or using your own personal vehicle for business purposes, the vehicle's seat beat should be worn.
18. Be alert to hazards that could affect you and your fellow employees.
19. Obey safety signs and tags.
20. Always perform your assigned task in a safe and proper manner; do not take short cuts. Taking shout cuts and ignoring established safety rules are leading causes of employee injury.

**I certify that I have read and understand and will be abide by the above listed safety rules. Failure to do so may be grounds for termination and may disqualify my insurance benefits.**

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

## **MEDICAL INFORMATION RELEASE FORM**

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I \_\_\_\_\_, authorize HR - 1 SOURCE to request and obtain all records regarding and industrial accident or occupational disease involving myself and HR - 1 SOURCE. This is to include doctor's reports, nurse's notes, medical bills, test results, etc. A facsimile or photocopy of this authorization shall be considered as effective and valid as the original. This release shall remain in effect until specifically rescinded by me.

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

# DIRECT DEPOSIT AUTHORIZATION

(Information given on this form will be considered and treated as confidential)

I, \_\_\_\_\_, hereby authorize HR - 1 Source, LLC to:  
(Employee name)

Initiate credit entries to my, (select one or both),

Checking Savings Account(s)

Depository Information:

Bank Name& Branch: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

CHECKING:

SAVINGS:

Account #: \_\_\_\_\_

Account #: \_\_\_\_\_

Routing #: \_\_\_\_\_

Routing #: \_\_\_\_\_

Amount: (\$ or %) \_\_\_\_\_

Amount: (\$ or %) \_\_\_\_\_

This authorization shall remain in full force and effect until HR – 1 Source has received written notification from me of its termination, in such time and in such manner as to afford HR – 1 Source and Depository a reasonable opportunity to act on said notice of termination.

Name: \_\_\_\_\_  
(Please print)

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Signed: \_\_\_\_\_

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

Please read, understand and sign the Terms and Conditions on the following page.

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PLEASE ATTACH A VOIDED CHECK HERE:

## **DIRECT DEPOSIT / ACH TERMS AND CONDITIONS FOR HR - 1 SOURCE**

Any employee of a client, whose payroll is processed and managed by HR - 1 SOURCE that wants to have their payroll check made to them via Direct Deposit /ACH must read the following terms and conditions. Each employee must also sign and date this form to acknowledge that they have read and agree to said terms and conditions as stated and set forth by HR - 1 SOURCE.

- 1) Direct Deposit /ACH funds are not guaranteed available for seventy-two (72) hours after the initiation time from our office, due to processing at the Federal Automated Clearing House. **(This is three (3) business days.... It does not include weekends and/or holidays).**
- 2) I understand that **it generally only requires 24 hours**, and I should verify with my financial institution the funds have been received before attempting to access the monies.
- 3) HR - 1 SOURCE will not be responsible for monies not available on an employees' pay date, (as stated in condition number one), if your employer does not submit your payroll hours to our office in a timely manner. If you have questions regarding when your employer submits your payroll time, as opposed to your scheduled pay date, please contact your employer directly.
- 4) HR - 1 SOURCE will not be responsible for any fees incurred as a result of instruments being written or presented to your bank against funds that are not yet available/credited to your account due to any of the above conditions

### **ACCEPTANCE OF POLICY:**

By signing below, I am indicating that I have read and understand the above conditions of the Direct Deposit /ACH policy of HR - 1 SOURCE and wish to initiate this policy for my personal account.

\_\_\_\_\_  
Employee Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

### **DECLINATION OF POLICY:**

By signing below, I understand I am indicating that **I DO NOT** wish to initiate / continue with Direct Deposit /ACH by HR - 1 SOURCE. I also understand that if I do not sign either section of this authorization, I am indicating that **I DO NOT** wish to participate in this policy.

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date