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# TeamWorks USA, Inc. Documentation

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# Applicant Questionnaire

Name: \_\_\_\_\_

- 1. Are you telephone accessible?  
 Yes             No
- 2. Do you have reliable transportation?  
 Yes             No
- 3. Do you have your I-9 (work status)?  
 Yes             No
- 4. What job(s) are you applying for?

\_\_\_\_\_

5. What areas are you applying for?

\_\_\_\_\_

For what pay rate?

\_\_\_\_\_

- 6. Are you willing to take a drug screen according to our policy?  
 Yes             No
- 7. Will you release your background information inclusive of criminal records?  
 Yes             No

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Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_



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## Application Disclosure Statement

I hereby declare that all statements contained in this application are true and correct and understand that false or inaccurate information in the application will be the basis for termination. I hereby authorize TeamWorks USA, Inc. to investigate my background inclusive of criminal records and verify this information. I understand that if employed, my employment will not be for any fixed period of time and may be terminated by the company at any time. I also authorize TeamWorks USA, Inc. to release the information contained herein and its findings and work history of my employment to other firms or persons upon request. I also understand and agree that I may be expected to work on a wide variety of job assignments in the Greater Metropolitan Area and agree to accept assignments for which I am qualified as they become available. I also understand my failure to report to TeamWorks USA, Inc., location/address for work will indicate I have quit. I also agree to submit to a drug screen upon request or as specified in TeamWorks USA, Inc. substance abuse policy.

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Signature of Applicant

Date



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

TeamWorks USA, Inc. explicitly prohibits:

The use, possession, 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 other's safety at the workplace, or the employer's reputation.

TeamWorks USA, Inc. may drug test using S.A.M.H.S.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 exists, for-cause testing will be utilized (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.)

**Employees of TeamWorks USA, Inc. who refuse to submit to drug testing, test positive, or admit to substance abuse will be subject to immediate termination.**

Also, employees of TeamWorks USA, Inc. who test positive or admit to substance abuse will be referred to local public agencies that provide rehabilitation and counseling services.

The results of all drug testing will be treated confidentially, and used for no purpose other than for TeamWorks USA, Inc. to make employment-related decisions.

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Signature of Applicant

Date



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## Drug Screen Authorization and Consent

I hereby authorize and give full permission to have TeamWorks USA, Inc. and/or their medical company physician send a specimen of my urine and/or blood to a laboratory for a screening test using S.A.M.H.S.A. standards for the presence of illegal drugs, alcohol, or prescription medication taken without a prescription.

I will hold all parties concerned harmless, meaning I will not sue nor hold responsible for any alleged harm to me or interfering with my obtaining a job or continuing employment due to not submitting to the tests or as a result of the report of the tests. This includes, but is not limited to, possible clerical or laboratory error.

This policy and authorization has been explained to me in language I understand. I have been told that if I have any questions they will be answered about the test, they will be answered. I understand this is a legal and binding document, because TeamWorks USA, Inc. is paying for the examinations.

**I understand TeamWorks USA, Inc. will require a drug screen test whenever an on the job accident or injury is reported in accordance with TeamWorks USA, Inc. policy. This form serves as my authorization and consent. My refusal to submit to drug testing will be grounds for termination.**

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Signature of Applicant

Date

Print Name: \_\_\_\_\_



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## Release of Criminal Records

I, the undersigned, do hereby authorize TeamWorks USA, Inc. to examine all criminal records and arrests on file within any or all the counties in the State of Maryland or any other state. In doing so, I understand that I am waiving my right to confidentiality concerning my criminal history.

\_\_\_\_\_

Date of release

\_\_\_\_\_

Signature

\_\_\_\_\_

Print Name

\_\_\_\_\_

Driver's License Number

\_\_\_\_\_

Social Security Number

\_\_\_\_\_

Street Address

\_\_\_\_\_

City

State

Zip



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## General Safety Rules

TeamWorks USA, Inc. has developed these safety rules patterned after the Federal OSHA requirements. Read and become familiar with these rules, and other safety rules that apply to your job.

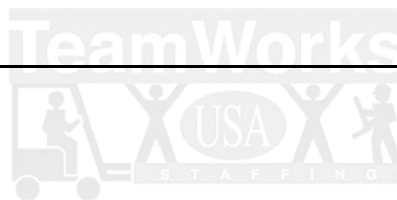
1. Report an injury to your employer/supervisor immediately.
2. Report any observed unsafe condition to your employer/supervisor.
3. Horseplay is prohibited at all times.
4. The drinking of alcoholic beverages is not permitted on the job. Any employee discovered under the influence of alcohol or drugs will not be permitted to work.
5. If you do not have current first aid training, do not move or treat an injured person unless there is 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. Where there exists the hazard of falling objects, and approved hard hat must be worn.
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 other equipment not designed for such purposes, is prohibited at all times.
12. Never remove or bypass safety devices.
13. Do not approach operating machinery from the blind side; let the operator see you.
14. Learn where fire extinguishers and first aid kits are located.
15. Maintain a general condition of good housekeeping in your work area at all times.
16. Obey all traffic regulations when operating vehicles on public highways.
17. When operating or riding in company vehicles or using your personal vehicle for business purposes, the vehicle's seat belt shall be worn.
18. Be alert to hazards that could affect you and your co-workers.
19. Obey safety signs and tags.
20. Always perform your assigned task in a safe and proper manner; do not take shortcuts. The taking of shortcuts and ignoring of established safety rules is a leading cause of employee injury.

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

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Signature of Applicant

Date



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## Policies and Procedures Checklist

- I understand that TeamWorks USA, Inc. takes their responsibility as my employer very seriously, and that they have gone to great lengths to provide a safe work environment. If I am injured on the job, TeamWorks USA, Inc. will deal with legitimate claims and has workers compensation insurance that will pay medical expenses and wages. I also understand that TeamWorks USA, Inc. has extensive experience investigating claims and will fight fraudulent claims with all available resources.
- If I sustain an injury on the job, I will inform the client and TeamWorks USA, Inc. immediately who will coordinate with the client and myself the proper procedures for treatment and reporting of the accident.
- TeamWorks USA, Inc. has a zero-tolerance "Substance Abuse Policy," and I have signed a consent form to submit to drug testing. I understand that my failure to comply with this agreement will be grounds for my immediate termination.
- I understand and will comply with TeamWorks USA, Inc.'s safety rules, regulations and hazardous communication program explained to me during TeamWorks USA, Inc.'s orientation.
- I am telephone accessible and I have reliable transportation.
- I understand that I am an employee of TeamWorks USA, Inc. and only TeamWorks USA, Inc. can terminate my employment. When an assignment ends, I must report to TeamWorks USA, Inc. for my next job assignment. Failure to do so or to accept my next job assignment will indicate I have voluntarily quit and will not be eligible for unemployment benefits.
- I understand that I am expected to complete any job assignment I accept. I understand that if I do not complete or promptly notify of my inability to complete the assignment, or if I do not report to my assignment, then TeamWorks USA, Inc. may assume that I have voluntarily quit, and I will not receive unemployment benefits.
- If for some unexpected reason, such as an emergency or illness, I cannot make it to work or will be late, I will contact TeamWorks USA, Inc. as soon as possible.
- I understand TeamWorks USA, Inc.'s requirements for receiving information, documenting hours worked, the method for providing this information, and the time frame for me to provide this information. I understand that TeamWorks USA, Inc. will not recognize or pay for any hours worked by an employee without proper documentation verifying hours worked.
- I have read and fully understand the above agreements regarding TeamWorks USA, Inc.'s policies and procedures and agree to the same. I understand that failure to comply with these policies and procedures could lead to my termination and may jeopardize my insurance benefits.

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Applicant

Date

Interviewer

Date





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# Acknowledgement of Safety Rules/Hazard Communications Training

**PLEASE RETURN THIS FORM SIGNED TO TEAMWORKS USA, INC. AFTER READING AND UNDERSTANDING THE RULES.**

I have been instructed and understand the safety rules and regulations contained in the company's General Safety Rules. I acknowledge that I understand these rules and that I agree to follow them. When in doubt concerning safe job performance, I will speak to my immediate supervisor.

Also, I hereby acknowledge that I have received Hazard Communication Training as required by OSHA regulations. I acknowledge that I am aware of the various chemicals that I will be coming into contact with and the hazards these chemicals may pose. I acknowledge that I am familiar with Material Safety Data Sheets (MSDS) and where the MSDS Book can be found. I acknowledge that I may be required to use appropriate personal protection safety equipment when using certain chemicals. I further acknowledge that I will use personal protection safety equipment when required to do so.

Employee's Name: \_\_\_\_\_

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

Client: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

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I have instructed the above employee in the fundamental chemical hazards as required by OSHA 29 CFR1910.1200. I acknowledge that the employee has been informed of the various chemicals that they will come into contact with. I also acknowledge that I have reviewed the contents of a typical MSDS with the employee and informed the employee where our location's MSDS book can be found. I further acknowledge that I have informed the employee of those chemicals they will come into contact with that require the use of personal protective safety equipment or that the employee knows where to obtain required personal protective equipment.

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client: \_\_\_\_\_

**PLEASE RETURN THIS FORM SIGNED TO TEAMWORKS USA, INC. AFTER READING AND UNDERSTANDING THE RULES.**

