



# Application For Employment//Solicitud de Empleo

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizen status, genetic information, or other legally protected status.		Aceptamos solicitudes para todas las posiciones sin tomar en cuenta, raza, religion, credo, sexo, nacionalidad, incapacidad, orientacion sexual, estado de ciudadanía, información genética o cualquier otro estado protegido legalmente.	
How did you learn about us//Como se entero sobre nosotros?	Position Applied For//Puesto(s) que solicita	Date Of Application// Fecha da la Solicitud	
First Name//Nombres	Middle Name//Seguendo Nombre	Last Name//Apellido(s)	
Address//Direccion	City//Cuidad	State//Estado	Zip//Codigo Postal
Cell Number//Numero de Telefono Celular	Cell Phone Provider// Compania de Telefono Celular	E-mail//Correo Electronico	
Are you 18 years of age or older?//Tienes 18 anos o mas?	Date available for work//Fecha disponible para trabajar	Type of Employment-Full or Part Time//Tipo de empleo- Todo el tiempo o tiempo parcial	What is your desired salary range?//Cual es el alcance de su salario deseado? \$ _____ per hour// por hora
Have you ever been employed with us before? If yes, give date(s) and company placed //Has trabajado en esta empresa anteriormente? En caso afirmativo, indique la fecha y la compania en que trabajaste			
Have You Plead 'guilty', 'no contest', or been convicted of a Felony In The Last 7 Years? If Yes, please provide dates and details. Answering "Yes" will not automatically disqualify you from employment. The Company conducts an individualized analysis.// Has declarado "culpable", "no contestó" o ha sido condenado por un delito grave en los últimos 7 años? En caso afirmativo, proporcione fechas y detalles. Responder "Sí" no lo descalificará automáticamente del empleo. La Compañía realiza un análisis individualizado.			
I certify the answers given herein are true and complete. I authorize investigation of all statements contained in the application for employment as may be necessary in arriving at an employment decision. I hereby understand and acknowledge, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. In the event of employment, I understand any false or misleading information given in my application or interview may result in discharge. I understand I am required to abide by all rules and regulations on the employer.// Certifico que las respuestas en la presente son completas y verdaderas. Autorizo la investigación de todas las declaraciones que aparecen en esta solicitud de empleo sea necesario para tomar una decisión sobre el puesto de trabajo que solicito. Por la presente entiendo y acepto que, a menos que lo definan de otra manera las leyes aplicables, todas las relaciones de trabajo con esta organización serán de tipo "a voluntad" lo que significa que el Empleado podrá renunciar en cualquier momento y que el Empleador podrá despedir al Empleado en cualquier momento, con o sin causa. En caso que se me contrate, entiendo que toda información falsa o engañosa que haya dado en mi solicitud o en mi(s) entrevista(s) puede resultar en mi despido. Entiendo, además, que debere cumplir con todas regulaciones y reglamentos de mi empleador.			
Signature//Firma _____		Date//Fecha _____	

Please place a X next to any skills below you possess or jobs where you have performed these job functions.

Coloque una X junto a las habilidades debajo de sus posesiones o trabajos donde haya realizado estas funciones de trabajo.

General Warehouse//Almacen general

<input type="checkbox"/>	Assembly//Linea de ensamblaje
<input type="checkbox"/>	Cherry Picker//Cosechador de cereza
<input type="checkbox"/>	DHL/Fed Ex/UPS
<input type="checkbox"/>	Forklift--clamp truck//Abrazadera de la carretilla elevadora
<input type="checkbox"/>	Forklift--sit down//Sientate carretilla elevadora
<input type="checkbox"/>	Forklift--slip sheet//Deslizamiento de la carretilla elevadora
<input type="checkbox"/>	Forklift--stand up//Levantarse carretilla elevadora
<input type="checkbox"/>	Inspector/QC//Inspector/control de calidad
<input type="checkbox"/>	Inventory-computer//Computadora del inventario
<input type="checkbox"/>	Inventory-manual//Manual del inventario
<input type="checkbox"/>	Kitting/Cajas de equipo
<input type="checkbox"/>	Load/Unload Trucks//Cargar/descargar camiones
<input type="checkbox"/>	Material Handler//Manipulador de materiales
<input type="checkbox"/>	Order Puller/Picker//Orden extractor/selector
<input type="checkbox"/>	Packer//Empacador
<input type="checkbox"/>	Pallet Jack//Gato de paletas
<input type="checkbox"/>	Palletize//Empalear
<input type="checkbox"/>	Scanner//Escanear
<input type="checkbox"/>	Ship/Rec Clerk//Empleado de envio/recepcion
<input type="checkbox"/>	Shrink Wrapper//Envoltura retractil
<input type="checkbox"/>	Sorting//Clasificacion

Machine Operations//Operaciones de la maquina

<input type="checkbox"/>	CNC//CNC
<input type="checkbox"/>	Die Operator//Operador de troquelado
<input type="checkbox"/>	Drill Press//Taladro de banco
<input type="checkbox"/>	Extrusion//Extrusion
<input type="checkbox"/>	Flexo//Flexo
<input type="checkbox"/>	Grinder//Amoladora
<input type="checkbox"/>	Lathe//Torno
<input type="checkbox"/>	Molding//Moldura
<input type="checkbox"/>	Printing Press//Imprenta
<input type="checkbox"/>	Punch Press//Prensa troqueladora
<input type="checkbox"/>	Slitter//Cortadora

Miscellaneous//Diverso

<input type="checkbox"/>	1st shift desired//Primer turno deseado
<input type="checkbox"/>	2nd shift desired//2do turno deseado
<input type="checkbox"/>	3rd shift desired//Tercer turno deseado
<input type="checkbox"/>	Have car//Tener carro
<input type="checkbox"/>	Ride bus//Viaje en autobus

General/Skilled Labor//Trabajo general/calificado

<input type="checkbox"/>	Auto Mechanic//Mecanico
<input type="checkbox"/>	Carpenter//Carpintero
<input type="checkbox"/>	CDL//CDL
<input type="checkbox"/>	Electrician//Electricista
<input type="checkbox"/>	Housekeeping//Personal de limpieza
<input type="checkbox"/>	Landscaping//Jardineria
<input type="checkbox"/>	Lifting--20-40 pounds//Levantando 20-40 libras
<input type="checkbox"/>	Lifting--50+ pounds//Levantando 50+ libras
<input type="checkbox"/>	Maintenance Mech.//Mecanico de manmtenimiento
<input type="checkbox"/>	Mason//Mason
<input type="checkbox"/>	Painter//Pintor
<input type="checkbox"/>	Pipe Fitter//Instalador de tuberias
<input type="checkbox"/>	Plumber//Fontanero
<input type="checkbox"/>	Soldering//Soldadura
<input type="checkbox"/>	Welder//Soldador

Office/Clerical//Oficina/clerical

<input type="checkbox"/>	10 key--KPM _____ //10 teclas
<input type="checkbox"/>	Call Center//Centro de llamadas
<input type="checkbox"/>	Computer Programmer//progamador de computadoras
<input type="checkbox"/>	Data Entry//Entrada de datos
<input type="checkbox"/>	Filing//Presentacion
<input type="checkbox"/>	MS Access
<input type="checkbox"/>	MS Excel
<input type="checkbox"/>	MS Powerpoint
<input type="checkbox"/>	MS Word
<input type="checkbox"/>	Receptionist//Recepcionista
<input type="checkbox"/>	Typing < 30 WPM//Escribiendo < 30 palabras por minuto
<input type="checkbox"/>	Typing > 50 WPM//Escribiendo > 50 palabras per minuto
<input type="checkbox"/>	Typing 30-50 WPM//Escribiendo 30-50 palabras per minuto
<input type="checkbox"/>	Web Design//Diseno web

# Employee's Withholding Certificate

Department of the Treasury  
Internal Revenue Service

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

# 2023

<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial	Last name	(b) Social security number
	Address		<b>Does your name match the name on your social security card?</b> If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

**Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, other details, and privacy.

**Step 2: Multiple Jobs or Spouse Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Reserved for future use.

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

**TIP:** If you have self-employment income, see page 2.

**Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

<b>Step 3:</b> <b>Claim Dependent and Other Credits</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 \$ _____		
	Multiply the number of other dependents by \$500 . . . . . \$ _____		
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . .	<b>3</b>	\$ _____
<b>Step 4 (optional): Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b>	\$ _____
	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	<b>4(b)</b>	\$ _____
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each <b>pay period</b> . . . . .	<b>4(c)</b>	\$ _____

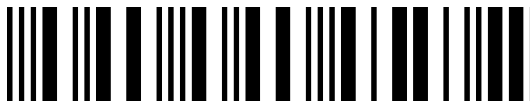
**Step 5: Sign Here**

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

\_\_\_\_\_  
**Employee's signature** (This form is not valid unless you sign it.)

\_\_\_\_\_  
**Date**

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)



2211004013

STATE OF GEORGIA EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

1a. YOUR FULL NAME 1b. YOUR SOCIAL SECURITY NUMBER
2a. HOME ADDRESS (Number, Street, or Rural Route) 2b. CITY, STATE AND ZIP CODE

PLEASE READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING LINES 3 - 8

3. MARITAL STATUS

(If you do not wish to claim an allowance, enter "0" in the brackets beside your marital status.)

- A. Single: Enter 0 or 1
B. Married Filing Joint, both spouses working: Enter 0 or 1
C. Married Filing Joint, one spouse working: Enter 0 or 1 or 2
D. Married Filing Separate: Enter 0 or 1
E. Head of Household: Enter 0 or 1

4. DEPENDENT ALLOWANCES [ ]

5. ADDITIONAL ALLOWANCES [ ] (worksheet below must be completed)

6. ADDITIONAL WITHHOLDING \$ \_\_\_\_\_

WORKSHEET FOR CALCULATING ADDITIONAL ALLOWANCES (Must be completed in order to enter an amount on step 5)

1. COMPLETE THIS LINE ONLY IF USING STANDARD DEDUCTION: Yourself: Age 65 or over Blind Spouse: Age 65 or over Blind Number of boxes checked x 1300
2. ADDITIONAL ALLOWANCES FOR DEDUCTIONS: A. Federal Estimated Itemized Deductions B. Georgia Standard Deduction C. Subtract Line B from Line A D. Allowable Deductions to Federal Adjusted Gross Income E. Add the Amounts on Lines 1, 2C, and 2D F. Estimate of Taxable Income not Subject to Withholding G. Subtract Line F from Line E H. Divide the Amount on Line G by \$3,000

7. LETTER USED (Marital Status A, B, C, D, or E) TOTAL ALLOWANCES (Total of Lines 3 - 5) (Employer: The letter indicates the tax tables in Employer's Tax Guide)

8. EXEMPT: (Do not complete Lines 3 - 7 if claiming exempt) Read the Line 8 instructions on page 2 before completing this section.

- a) I claim exemption from withholding because I incurred no Georgia income tax liability last year and I do not expect to have a Georgia income tax liability this year. Check here
b) I certify that I am not subject to Georgia withholding because I meet the conditions set forth under the Servicemembers Civil Relief Act as provided on page 2. My state of residence is My spouse's (servicemember) state of residence is The states of residence must be the same to be exempt. Check here

I certify under penalty of perjury that I am entitled to the number of withholding allowances or the exemption from withholding status claimed on this Form G-4. Also, I authorize my employer to deduct per pay period the additional amount listed above.

Employee's Signature Date

Employer: Complete Line 9 and mail entire form only if the employee claims over 14 allowances or exempt from withholding.

If necessary, mail form to: Georgia Department of Revenue, Taxpayer Services Division, P.O. Box 105499, Atlanta, GA 30359

9. EMPLOYER'S NAME AND ADDRESS: EMPLOYER'S FEIN:

EMPLOYER'S WH#:

Do not accept forms claiming additional allowances unless the worksheet has been completed. Do not accept forms claiming exempt if numbers are written on Lines 3 - 7.



# Employment Eligibility Verification

## Department of Homeland Security

### U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
OMB No.1615-0047  
Expires 07/31/2026

**START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).**

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

**Section 1. Employee Information and Attestation:** Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number <input type="text"/>		Employee's Email Address		Employee's Telephone Number	
<p><b>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</b></p>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
<input type="checkbox"/> 4. A noncitizen (other than <b>Item Numbers 2.</b> and <b>3.</b> above) authorized to work until (exp. date, if any) _____						
If you check <b>Item Number 4.</b> , enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee				Today's Date (mm/dd/yyyy)		

**If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the [Preparer and/or Translator Certification](#) on Page 3.**

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	<p><b>Additional Information</b></p>    <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

**Certification:** I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.

Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative		First Day of Employment (mm/dd/yyyy):
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code		
				Today's Date (mm/dd/yyyy)

**For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.**

**Only complete those sections in red. If not doing direct deposit, go to the next page.**

Printed Name//Nombre Impreso \_\_\_\_\_

**Solo completa las secciones en rojo. Si no está va a hacer depósito directo, vaya a la página siguiente.**

**Deposit #1//Deposito #1**

Name of Financial Institution//Nombre de Institucion Financiera: \_\_\_\_\_

Routing Number//ABA Numero de Ruta: \_\_\_\_\_

Account Number//Numero de Cuenta \_\_\_\_\_

Bank Account Type//  
Tipo De Cuenta Bancaria  Checking//Cuenta De Checque  Savings//Cuenta De Ahorros

Deposit Breakdown//  
Detalle del Deposito  Deposit Entire Amount//Deposite El Monto Total  
 Deposit Dollar Amount//Depositar La Cantidad De Dolares --\$ \_\_\_\_\_  
 Deposit Percentage//Porcentaje De Deposito --% \_\_\_\_\_

**Deposit #2//Deposito #2 --if using more than one account//si usa más de una cuenta**

Name of Financial Institution//Nombre de Institucion Financiera: \_\_\_\_\_

Routing Number//ABA Numero de Ruta: \_\_\_\_\_

Account Number//Numero de Cuenta \_\_\_\_\_

Bank Account Type//  
Tipo De Cuenta Bancaria  Checking//Cuenta De Checque  Savings//Cuenta De Ahorros

Deposit Breakdown//  
Detalle del Deposito  Deposit Entire Amount//Deposite El Monto Total  
 Deposit Dollar Amount//Depositar La Cantidad De Dolares --\$ \_\_\_\_\_  
 Deposit Percentage//Porcentaje De Deposito --% \_\_\_\_\_

Please attach a voided check for the account(s) you want to use. DO NOT ATTACH A DEPOSIT SLIP!! If you choose a savings account, you must get a form from your bank showing the transit number and account number in the proper format. We cannot process your direct deposit without the supporting documentation from your financial institutions. Simply writing the information in the spaces above is not sufficient.

Adjunte un cheque anulado para las cuentas que desea usar. ¡NO ADJUNTAR UN COMPROBANTE DE DEPOSITO! Si elige una cuenta de ahorros, debe obtener un formulario de su banco que muestre el número de ruta bancaria y el número de cuenta en el formato adecuado. No podemos procesar su depósito directo sin la documentación de respaldo de sus instituciones financieras. Simplemente escribir la información en espacios de arriba no es suficiente.

I hereby authorize Peerless Personnel LLC (Peerless) to initiate automatic deposits to my account(s) named above. I agree to not hold Peerless responsible for any delay or loss due to incorrect or incomplete information provided by me or an error on the financial institution in depositing funds to my account.

Por la presente autorizo a Peerless Personnel LLC (Peerless) para iniciar depósitos automáticos en mis cuentas mencionadas anteriormente. Estoy de acuerdo en no responsabilizar a Peerless por cualquier retraso o pérdida debido a información incorrecta o incompleta provista por mí o por un error de la institución financiera al depositar fondos en mi cuenta

By signing this form I authorize Peerless to initiate credits and make adjustments for any entry made in error without express written authorization. This agreement will remain in effect until Peerless receives a written notice of cancellation from me or my financial institution, or I submit a new form.

Al firmar este formulario, autorizo a Peerless a iniciar créditos y realizar ajustes para cualquier entrada realizada por error sin autorización expresa por escrito. Este acuerdo permanecerá en vigencia hasta que Peerless reciba una notificación de cancelación por mi parte o por mi institución financiera, e un formulario nuevo.

Printed Name//Nombre Impreso \_\_\_\_\_

Social Security #//Número de Seguridad Social \_\_\_\_\_

Employee Signature//Firma del Empleado \_\_\_\_\_

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

## **Release of Background Information//Publicacion de informacion de fondo**

I, the undersigned, do hereby grant full authority and permission to Peerless Personnel LLC (Peerless) to inquire into my personal background, including but not limited to prior employment, criminal, credit, Immigrant/Citizen work status (E-Verify), driving, worker's comp., educational history, and information regarding my general character and reputation, as they see fit. I release all providers of such information from any liability for providing same. I understand the information provided may be reviewed initially and periodically and reported to my prospective employers on assignments through Peerless. I agree falsification may make me ineligible for employment or subject to immediate dismissal. I further acknowledge Peerless is relying on 3rd party information and I therefore release them from any and all liabilities from any decisions made based on the information provided or for any liability arising out of errors or omissions on the information provided, regardless of the source.

\$30 deducted from first paycheck

Yo, el abajo firmante, por la presente otorgo plena autoridad y permiso a Peerless Personnel LLC (Peerless) para investigar mis antecedentes personales, incluidos, entre otros, el empleo anterior, penal, de credito, estado de trabajo inmigrante/ciudadano (E-Verify), manejo, compensation del trabajador, historial educativo e informacion sobre mi catheter general y reputation, segtin lo consideren adecuado. Libero a todos los proveedores de dicha informacion de cualquier responsabilidad por proporcionar la misma. Entiendo que la informacion provista puede ser revisada inicialmente y periodicamente y reportada a mis posibles empleadores en las asignaciones a troves del Peerless. Estoy de acuerdo con que la falsification puede no ser elegible para el empleo o estar sujeta a despido inmediato. Ademcis, reconozco que Peerless confia en la informacion de terceros y, por lo tanto, los libero de todas y cada una de las responsabilidades de las decisiones tomadas en funcion de la informacion proporcionada o de cualquier responsabilidad derivada de errores u omisiones en la informacion proporcionada, independientemente de la fuente.

\$30 deducidos del primer cheque de pago

## **Consent to Pre-Employment Drug Screen// Consentimiento pant k deteccion de drogas antes del empleo**

I, the undersigned, do hereby agree to submit to and complete a drug screen test for the presence of illegal drugs. I voluntarily and knowingly waive any privacy rights I may have. I agree that any offer of employment received is conditioned upon successful completion of the test. I further acknowledge (1) the submission to and payment for a drug test does not ensure or guarantee an offer of employment or assignment with Peerless (2) there are no refunds of this payment should Peerless not find a suitable position for me. I release Peerless from any and all liabilities from any decisions made based on the results of the drug test or for any liability arising out of errors or omissions on the test, regardless of the source.

\$30 deducted from first paycheck

Yo, el abajo firmante, acepto por este medio someter y completar una prueba de deteccion de drogas para detectar la presencia de drogas ilegales. Yo voluntariamente y a sabiendas renuncio a cualquier derecho de privacidad que pueda tener. Estoy de acuerdo en que cualquier oferta de empleo recibida esta condicionada a la finalizacion exitosa de la prueba. Ademcis, reconozco que (1) la presentation y el pago de una prueba de drogas no garantiza ni asegura una oferta de empleo o asignacion con Peerless (2) no hay reembolsos de este pago si Peerless no encuentra un puesto adecuado para mi. Libero Peerless de todas y cada una de las responsabilidades derivadas de cualquier decision tomada en base a los resultados de la prueba de drogas o por cualquier responsabilidad que surja de errores u omisiones en la prueba, independientemente de la fuente.

\$30 deducidos del primer cheque de pago

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

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

## **WAGE DEDUCTION AUTHORIZATION AGREEMENT**

I understand, agree and affirmatively authorize my employer, Peerless Personnel LLC (the Company), to deduct money from my pay from time to time for reasons that fall into the following categories. I understand that to the extent I am a non-exempt employee, such deductions may not be made from any overtime pay, nor may such deductions be made if the deductions drop my effective hourly rate below the applicable state or federal minimum wage, whichever is higher.

1. If I receive an overpayment of wage for any reason, repayment to the company of such overpayments (the deduction for such a repayment will equal the entire amount of the repayment, unless the company and I agree in writing to a series of smaller deduction in specified amounts in particular to avoid my effective rate dropping below minimum wage).
2. The \$30 cost of any applicable drug test that may be required as a condition of an employment offer or an assignment with a Company client.
3. The \$30 cost of any applicable background check, including but not limited to a criminal background check, credit check, motor vehicle registration, etc., that may be required as a condition of an employment offer or an assignment with a Company client.
4. The value of any items / merchandise damaged by me.
5. When I leave the company / terminated company can withhold any remaining balance in full (subject to the limitations above).

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Name - Printed

\_\_\_\_\_  
Company Representative

\_\_\_\_\_  
Date



## Assignments, Ended Assignments and Voluntary Termination//Asignaciones, Asignaciones Terminadas y Terminación Voluntaria

If my assignment ends for any reason, I must contact Peerless Personnel LLC (Peerless) and report available for work within 24 hrs. of my assignment ending and maintain contact with Peerless as available for work a minimum of 3 days/wk. thereafter. If I fail to do so, this will be considered a voluntary termination on my part and could affect my ability to collect unemployment benefits.

*Si mi asignación finaliza por cualquier motivo, debo comunicarme con Peerless Personnel LLC (Peerless) e informar que estoy disponible para trabajar dentro de las 24 horas. de que termine mi trabajo y mantengo el contacto con Peerless como disponible para trabajar un mínimo de 3 días / semana. después de eso. Si no lo hago, esto se considerará una terminación voluntaria por mi parte y podría afectar mi capacidad para cobrar el desempleo beneficios*

If I am sent on an assignment and fail to complete the assignment as agreed, I understand the assignment and agree my employment with Peerless will be considered voluntarily terminated by myself and could affect my ability to receive unemployment benefits. Failure to complete an assignment, unless otherwise protected by applicable law, is defined as, but not limited to, the following:

- Failure to finish out a calendar week of an assignment.
- "No call/no show" for any day of an assignment. All calls for "calling off" an assignment must be received AT LEAST 2 hours previous to the start time of any shift at Peerless office.
- Two consecutive days no call/no show is considered job abandonment and voluntary quit.
- "Walking off" any assignment prior to the weeks end.
- Any Action or words on your part which result in your assignment being terminated by the employer.
- Failure to disclose or inaccurate disclosure of information prior/during an assignment.

*Si me envían en una asignación y no cumplo con la asignación según lo acordado, entiendo que la asignación y mi empleo con Peerless se considerarán cancelados voluntariamente por mi cuenta y podrían afectar mi capacidad para recibir beneficios de desempleo. La falta de completar una asignación, a menos que esté protegido por la ley aplicable se define como, pero no limitado a, lo siguiente:*

- No terminar una semana completa de calendario en una asignacion.
- "Sin llamada/Sin apariencia" para cualquier día de una asignación. Todas las llamadas para "cancelar" una asignación deben recibirse POR LO MENOS 2 horas antes de la hora de inicio de cualquier turno en la oficina de Fast.
- Dos días consecutivos sin llamada / no show se considera abandono del trabajo y renuncia voluntaria.
- "Caminando" de cualquier asignacion antes del fin de semana.
- Cualquier acción o palabra de su parte que resulte en que el empleador cancele su asignación.
- No divulgar o divulgar información antes o durante una asignacion.

By signing below, I agree and acknowledge I have been made aware and agree to be bound by the responsibilities above. I agree to comply with all Peerless policies, handbooks, rules, and guidelines. I agree any employment will be deemed employment at will.

*Al firmar a continuación, acepto y reconozco que he sido informado y acepto estar sujeto a las responsabilidades anteriores. Acepto cumplir con todas las políticas, manuales, reglas y pautas de Peerless. Estoy de acuerdo en que cualquier empleo se considerará empleo a voluntad.*

\_\_\_\_\_  
Signature//Firma

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

\_\_\_\_\_  
Printed Name/Nombre Impreso

## Safety Policies//Políticas de seguridad

Safety at the workplace is an important issue at Peerless Personnel LLC (Peerless). With this in mind, when you accept an assignment from this office, you may be issued Personal Protective Equipment (P.P.E.) by us and/or the company where you are placed. This equipment is issued to you for YOUR SAFETY, and we require you to wear it at all times you are working with NO EXCEPTIONS!

*La seguridad en el lugar de trabajo es un tema importante en Peerless Personnel LLC (Peerless). Teniendo esto en cuenta, cuando acepte una asignación de esta oficina, es posible que nosotros y / o la compañía donde lo colocamos le envíen un Equipo de protección personal (E.P.P.). Este equipo se le entrega para SU SEGURIDAD, y le solicitamos que lo use en todo momento que esté trabajando ¡SIN EXCEPCIONES!*

I, the undersigned, do hereby agree I have been given notice by Peerless in the event an injury occurs while working on an assignment, I will be subject to a drug and/or alcohol screen immediately after the injury occurs. I agree if I refuse to submit to or have a positive drug or alcohol screen, this will disqualify me from any claim under Worker's Compensation Laws and I release fully and completely indemnify Fast from any liability for any such injury.

*Yo, el abajo firmante, estoy de acuerdo en que, por medio de este documento, he recibido una notificación por parte del Peerless de que, en caso de que ocurra una lesión mientras trabajaba en una asignación, estaré sujeto a una prueba de detección de drogas y / o alcohol inmediatamente después de que ocurra la lesión. Estoy de acuerdo si me niego a someterme o me hago una prueba de detección de drogas o alcohol, esto me descalificará de cualquier reclamo conforme a las Leyes de Compensación al Trabajador y libero total y completamente a los empleados de Fast de toda responsabilidad por cualquier lesión.*

If you become injured while on an assignment with Peerless, notify your supervisor IMMEDIATELY. If immediate medical treatment is needed, you will need to go to one of our Network Caregivers. In the event that the injury is life threatening, you will be transported to the nearest hospital emergency center. Once you are treated and released, you must report to Peerless as soon as possible with all treatment documentation. You must continue with all follow up appointments/treatment as prescribed by the attending physician and report for modified duty assignment if you are released to modified duty. Failure to do so will affect your ability to receive Workers' Compensation Benefits. Failure to follow these guidelines will result in you PERSONALLY being responsible for all bills generated from your injury.

*Si se lesiona mientras se encuentra en una asignación con Peerless, notifique a su supervisor INMEDIATAMENTE. Si se necesita tratamiento médico inmediato, deberá acudir a uno de nuestros cuidadores asignados. En el caso de que la lesión sea potencialmente mortal, lo trasladarán al centro de emergencias del hospital más cercano. Una vez que haya sido tratado y dado de alta, debe informar a Peerless lo antes posible con toda la documentación del tratamiento. Debe continuar con todas las citas / tratamientos de seguimiento según lo prescrito por el médico tratante e informar sobre la asignación de tareas modificadas si se lo deja en libertad. No hacerlo afectará su capacidad para recibir los Beneficios de Compensación para Trabajadores. El incumplimiento de estas pautas resultará en que PERSONALMENTE sea responsable de todas las facturas generadas por su lesión.*

By signing below, I agree and acknowledge to be bound by the responsibilities above.

*Al firmar a continuación, acepto y reconozco que he sido informado y acepto estar sujeto a las responsabilidades anteriores.*

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Printed Name//Nombre Impreso

---

Signature//Firma

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Date//Fecha

**ACKNOWLEDGEMENT OF GEORGIA WORKERS' COMPENSATION RIGHTS &  
POSTED PANEL OF PHYSICIANS**

(To be maintained in Employee's personnel file)

\*\*\*\*\* If there is any question or statement on this form you do not understand \*\*\*\*\*  
ask your supervisor for assistance.

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

Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_

This business operates under Georgia Workers' Compensation Law. Workers must report all accidents immediately to the employer by advising the employer personally, an agent, representative, boss, supervisor, or foreman. If a worker is injured at work, the employer shall pay medical and rehabilitation expenses within the limits of the law. In some cases, the employer will pay a part of the worker's lost wages. Work injuries and occupational diseases should be reported in writing whenever possible. The worker may lose the right to receive compensation if an accident is not reported within 30 days (see O.C.G.A. § 34-9-80). The employer will supply free of charge, upon request, a form for reporting accidents and will also furnish, free of charge, information about workers' compensation. The employer will also furnish to the employee, upon request, copies of board forms on file with the employer pertaining to an employee's claim.

The Georgia State Board of Workers' Compensation will provide you with information regarding how to file a claim and will answer questions regarding your rights under the law. Contact information for the State Board is as follows: 270 Peachtree Street, N.W., Atlanta, Georgia 30303-1299. Telephone (404) 656-3818; 1-800-533-0682; or visit the website: <http://www.sbwc.georgia.gov>.

Your Employer maintains a "Posted Panel of Physicians" to provide all necessary medical treatment for workers' compensation injuries. Each employee will be furnished with a copy of the Posted Panel of Physicians at the time of hire, which explains in detail how to select and access the services of each provider and provides a complete list of the medical providers available. This Panel may be updated periodically.

**By signing your name below, you are acknowledging receipt of the Employer's Posted Panel of Physicians.**

\_\_\_\_\_  
Employee's Full Printed Name

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

**Georgia Panel – Page 2**  
**WC-P1**

TeleMedicine and/or Video Exam via Caduceus USA  
Telephone 24/7: (254) Telemed. (254) 835-3633  
E-mail Contact: [Telemed@caduceususa.com](mailto:Telemed@caduceususa.com)  
Physical Address: Caduceus USA / Dr. Stephen Dawkins, M.D.  
535 North Central Avenue  
Hapeville, GA. 30354  
Phone: 404-761-4040 & 404-761-4008

**Note: For video examinations, must have access to a compatible smart device or computer**

**Name/Nombre:**

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**Date/Fecha:**

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### Apex Management Group Suite of Affordable Healthcare Solutions Benefits Enrollment / Change of Status Form

1) Employer Name: Peerless Personnel LLC

Employee Name (First, MI, Last)	Date of Birth:	Date of Hire:	Gender:	Social Security Number:
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Mailing Address:	City:	State:	Zip Code:
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Email Address:	Home Phone:	Cell Phone:
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2) Reason for Application  
 Open Enrollment  
 New Hire  
 Qualifying Event  
 COBRA

3) Change of Status/Coverage  
 Change of Address     Divorce  
 Marriage     Drop Dependent  
 Birth of Child     Termination  
 Termination Date: \_\_\_\_\_

4) Effective Date: \_\_\_\_\_

5) Marital Status:    Single /    Married /    Divorced

6) Enroll/Waive:    < MEC    < MEC Advantage    < Dental    < Vision    Waive

7) Elect coverage for:  
Employee Only:    Employee/Child(ren):    Employee/Spouse:    Employee/Family

Spouse's Name: (First, MI, Last)	Date of Birth:	Gender: M / F	Social Security Number:	Waive:
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Child 1: (First, MI, Last)	Date of Birth:	Gender: M / F	Social Security Number:	
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Child 2: (First, MI, Last)	Date of Birth:	Gender: M / F	Social Security Number:	
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Child 3: (First, MI, Last)	Date of Birth:	Gender: M / F	Social Security Number:	
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Child 4: (First, MI, Last)	Date of Birth:	Gender: M / F	Social Security Number:	
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The Apex Management Group Suite of Plans are administrated by Regional Care, Inc.  
905 West 27<sup>th</sup> Street, Scottsbluff, NE 69361 Phone: 800-795-7772

Please Sign here for enrolling or waiving coverage for yourself or dependents.  
 I acknowledge I have been given the right to apply for this coverage; however, I and/or my dependent(s), am/are electing to enroll or waive coverage. I acknowledge that I, and/or my dependent(s), may have to wait until the plans next anniversary date to be enrolled for medical coverage if waiving coverage.

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_



# Employee Safety Agreement

Welcome to Peerless Personnel LLC (Peerless). We appreciate you selected us as your employer. Peerless, in coordination with our clients, strive to provide you with a safe, healthy, and productive work environment free from injuries, harassment, and discrimination. **But we need your help to do that.**

You are being assigned to work at \_\_\_\_\_. Your job duties are as follows:

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By signing below, I understand I am an integral part of the Peerless health and safety program. If any of the following occur, I will NOT perform that duty and let the Client Company know Peerless does not allow its employees to perform such job duties without first being properly trained for that function. I will also contact Peerless IMMEDIATELY:

- I am requested by the Client to perform a job that does not match the duties outlined above.
- A work related incident occurs. I agree all hazards will be reported ASAP to be corrected.
- I am requested to perform activities I have NOT been trained to perform or would be unsafe to me.
- I am requested to work at heights. Examples would include but not be limited to utilizing extension ladders, A Frame ladders, articulating booms, scissor lifts, forklift baskets, etc. or any other equipment designed to reach heights above floor level.
- I am requested to work in confined spaces. Examples would include but not be limited to pits, vaults, tanks, boilers, etc.

I understand the work assignment offered may be physically demanding. If I am requested to complete work which I am unable to perform due to a disability, I will notify Peerless and not accept the assignment so we can discuss options for reasonable accommodations or a different assignment. If I fail to do so, I accept full responsibility for my actions and hold Peerless and the Client Company harmless.

Peerless prides itself in providing our employees with a positive staffing experience in all circumstances. If I elect to ignore or violate the health & safety policies and procedures of Peerless or our Client Companies, I may be subject to disciplinary actions up to and including termination of employment and I accept full responsibility for my actions and hold Peerless and the Client Company harmless.

I acknowledge I have reviewed and understand this document and was provided the opportunity to ask any and all questions concerning the health and safety requirements of Peerless and/or the Client Company where I will be placed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

(This notice must be posted in a conspicuous place readily accessible to the employee at all times.)

# PANEL OF PHYSICIANS OFFICIAL NOTICE

This business operates under the Georgia Workers' Compensation Law.

**WORKERS MUST REPORT ALL ACCIDENTS IMMEDIATELY TO THE EMPLOYER BY ADVISING THE EMPLOYER PERSONALLY, AN AGENT, REPRESENTATIVE, BOSS, SUPERVISOR, OR FOREMAN.**

If a worker is injured at work, the employer shall pay medical and rehabilitation expenses within the limits of the law. In some cases the employer will also pay a part of the worker's lost wages.

Work injuries and occupational diseases should be reported in writing whenever possible. The worker may lose the right to receive compensation if an accident is not reported within 30 days (see O.C.G.A. § 34-9-80).

The employer will supply free of charge, upon request, a form for reporting accidents and will also furnish, free of charge, information about workers' compensation. The employer will also furnish to the employee, upon request, copies of board forms on file with the employer pertaining to an employee's claim.

A worker injured on the job must select a doctor from the list below. The minimum panel shall consist of at least six physicians, including an orthopedic surgeon with no more than two physicians from industrial clinics (see O.C.G.A. § 34-9-201). Further, this panel shall include one minority physician, whenever feasible (see Rule 201 for definition of minority physician). The Board may grant exceptions to the required size of the panel where it is demonstrated that more than four physicians are not reasonably accessible. One change to another doctor from the list may be made without permission. Further changes require the permission of the employer or the State Board of Workers' Compensation.

The insurance company providing coverage for this business under the Workers' Compensation Law is:

Peerless Personnel LLC 561 Forest Parkway, Suite 3 Forest Park, GA 30297	WorkFirst Casualty Company c/o Broadspire Services, Inc.
	<u>Insurer Name</u>

address

phone

### PHYSICIANS' NAMES

Initial Here-- \_\_\_\_\_

CADUCEUS OCCUPATIONAL MEDICINE  
4770 Fulton Industrial Blvd SW  
Atlanta, Georgia 30336  
(404) 696-9019

CONCENTRA MEDICAL CENTER  
5670 Fulton Industrial Blvd SW  
Atlanta, Georgia 30336  
(404) 344-3930

MARIETTA EYE CLINIC  
8841 Hospital Drive  
Douglasville, Georgia 30134  
770-577-2220

name/address/phone

name/address/phone

name/address/phone

Dr. Thomas Dopson  
RESURGENS ORTHOPAEDICS  
5671 Peachtree Dunwoody Road Suite 900  
Atlanta, Georgia 30342  
(404) 847-9999

Dr. James Kercher,  
Dr. Donald Langenbeck,  
Dr. Stephen McCollam  
PEACHTREE ORTHOPAEDICS  
1901 Phoenix Blvd  
Suite 200  
College Park GA 30349  
(404) 355-0743

Dr. Robert L. Howell  
GEORGIA HAND, SHOULDER & ELBOW  
620 Cherokee St NE Suite 200,  
Marietta, Georgia 30060  
770-795-7979

name/address/phone

name/address/phone

name/address/phone

(Additional doctors may be added on a separate sheet)

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800-533-0682 OR VISIT <https://sbwc.georgia.gov>

Willfully making a false statement for the purpose of obtaining or denying benefits is a crime subject to penalties of up to \$10,000.00 per violation (O.C.G.A. § 34-9-18 and § 34-9-19).

Signature-- \_\_\_\_\_

Date-- \_\_\_\_\_

## Employment Experience//Experiencia Laboral

Start with present or last job. Include any job-related military services and volunteer activities//Indique primero su empleo actual o su ultimo empleo. Incluya las actividades de servicio militar relacionadas con su empleo y las actividades como voluntario.

Employer//Empleador		Address//Direccion		
Telephone Number(s)// Numero(s) de telefono	Supervisor//Supervisor	May we contact//Te podemos Contactar	Did you work for a temp agency? If so which one?//Trabajaste para una agencia de trabajo temporal? Si es así, ¿cuál?	
Dates Employed// Fechas de Empleo		Work Performed//Trabajo Realizado		
From/Desde	To/Hasta			
Employer//Empleador		Address//Direccion		
Telephone Number(s)// Numero(s) de telefono	Supervisor//Supervisor	May we contact//Te podemos Contactar	Did you work for a temp agency? If so which one?//Trabajaste para una agencia de trabajo temporal? Si es así, ¿cuál?	
Dates Employed// Fechas de Empleo		Work Performed//Trabajo Realizado		
From/Desde	To/Hasta			
Employer//Empleador		Address//Direccion		
Telephone Number(s)// Numero(s) de telefono	Supervisor//Supervisor	May we contact//Te podemos Contactar	Did you work for a temp agency? If so which one?//Trabajaste para una agencia de trabajo temporal? Si es así, ¿cuál?	
Dates Employed// Fechas de Empleo		Work Performed//Trabajo Realizado		
From/Desde	To/Hasta			
Employer//Empleador		Address//Direccion		
Telephone Number(s)// Numero(s) de telefono	Supervisor//Supervisor	May we contact//Te podemos Contactar	Did you work for a temp agency? If so which one?//Trabajaste para una agencia de trabajo temporal? Si es así, ¿cuál?	
Dates Employed// Fechas de Empleo		Work Performed//Trabajo Realizado		
From/Desde	To/Hasta			
Summarize special job-related skills and qualifications//Da tus cualificaciones y habilidades especiales del trabajo				