

CONDITIONAL OFFER OF EMPLOYMENT

LIGHT INDUSTRIAL

Assembly
Bagging
Bending
Bolting
Boxing
Gluing
Measuring
Sorting

Cutting/Trimming
Folding/Unfolding
Loading/Unloading
Mop/Vacuum/Sweep
Packing/Unpacking
Carry/Lifting 50 lbs

Color Coding
Discuss Refueling
Handing Out Samples
Identify Components
Inspecting Vehicles
Maintain Inventory
Pulling Stock
Operating Machinery

Reviewing:
Paperwork
Size/Weight
Accuracy
Part #'s
Order #'s
of Product

Working 12 hour shifts
Wearing PPE
Obey safety rules
Obey traffic laws

By signature below unless otherwise noted below, I confirm I do not have any condition or have not sustained any injury that would have an effect on my capacity to perform the above duties of this position without reasonable accommodations.

Signature _____ Date _____

GENERAL INDUSTRIAL

I understand in addition to the descriptions in the Light Industrial section the General Industrial section includes: working outside, carrying and/or lifting over fifty pounds, getting in, out, on and off of vehicles.

By signature below unless otherwise noted below, I confirm I do not have any condition or have not sustained any injury that would have an effect on my capacity to perform the above duties of this position without reasonable accommodations.

Signature _____ Date _____

DRIVERS

I understand all of the descriptions in the Light Industrial and General Industrial categories of work apply to this Drivers category of work. I further understand it is my responsibility to keep my license in a current and valid status.

By signature below unless otherwise noted below, I confirm I do not have any condition or have not sustained any injury that would have an effect on my capacity to perform the above duties of this position without reasonable accommodations.

Signature _____ Date _____

CLERICAL

1. Type or work at a keyboard or typewriter most of the day if required.
2. Read a video display terminal for long period of time if required.
3. Lift and/or move up to ten pounds if required.
4. Place and/or retrieve item from the tops of file cabinets if required.
5. Sit, stand, bend or stoop if required.
6. Climb stairs and/or ladders if required.
7. Greet people and give directions if required.
8. Follow/give written or verbal instructions if required.

By signature below unless otherwise noted below, I confirm I do not have any condition or have not sustained any injury that would have an effect on my capacity to perform the above duties of this position without reasonable accommodations.

Signature _____ Date _____

Staff Force is a concerned employer who makes every attempt to place qualified individuals. The acquired information will be used to effectively provide you with an appropriate job assignment.

Staff Force, Inc. is an equal opportunity employer, and always endeavors to select the best qualified individual for the job based upon the related qualifications, regardless of race, creed, sex, national origin, age, religion, disability, veteran status or other protected groups under state, federal or local equal opportunity laws.

The following are conditions, medications I am taking, or injuries I have sustained which would have an effect on my capacity to perform the duties described above without reasonable accommodations:

X
Signature _____ Date _____

By signature below I verify that a Staff Force Representative has already presented a conditional offer of employment to me.

Signature _____ Date _____ SFR Signature _____ Date _____

MEDICAL RELEASE

If hired, I agree to authorize and give permission to all healthcare providers who have provided or will provide medical care or related services to me, to give my employer, Staff Force, Inc., and/or any person duly acting in its behalf with this written authorization, complete access to all medical records pertaining to diagnosis or treatment of any occupational injury, disease or medical condition I may suffer (including, but not limited to, prescription records). My permission is also given to all healthcare providers to fully discuss my diagnosis, treatment, condition, prognosis and any previous conditions that pre-disposed me to any injury/illness with Staff Force, Inc. or its authorized representative.

I also authorize a designated representative of Staff Force, Inc. to accompany me to any healthcare provider when receiving medical treatment or services for an occupational injury/illness which occurs during my employment with Staff Force, Inc..

I acknowledge that I will be required to submit to a drug/alcohol screening for any occupational injury/illness which requires medical treatment.

I understand that Staff Force, Inc. will utilize the information requested to evaluate and authorize treatment for my alleged injury while working at Staff Force, Inc., to make a determination of applicable benefits, if any, and to assess the potential of my return to full or modified job duties. Further, by my signature, I hereby release all parties from all liabilities for any damages which may result from the furnishing or transfer of said information.

A copy of this medical release shall be as valid as the original.

My signature below indicates my acknowledgment that I have read the foregoing, or that it has been read to me, and that I understand it fully.

X

Signature

Date

Print Name

Have you ever been convicted of a felony? No ___ Yes ___

If Yes, Please explain: _____

X

Signature

Date

DRUG FREE WORKPLACE POLICY ACKNOWLEDGEMENT

I acknowledge that I have been provided a copy of the Staff Force, Inc. Drug Free Workplace Policy. I understand that a violation of this policy may subject me to disciplinary action up to and including discharge from employment or will make me ineligible for employment with Staff Force, Inc.

I understand that any offer of employment by Staff Force is conditional upon my submitting to and passing a drug and/or alcohol test and that any offer of employment will be withdrawn should I fail to pass such test.

I understand that I may be required to submit to a drug and/or alcohol test in any of the following situations: (1) after accepting an offer of employment and prior to starting work for Staff Force; (2) Staff Force has reasonable grounds to suspect that I have violated the Drug Free Workplace Policy; (3) if I am involved in an accident on the job, whether or not such accident involves damage to property or an injury; or (4) in the event I am selected as part of the Company's random drug testing program.

I understand that Staff Force reserves the right to conduct searches of my person, locker, desk, work areas, clothing, baggage and car while on the company premises to determine if I am in possession, use, transportation or concealment of any of the prohibited items or substances of the Drug Free Workplace Policy. I understand that no search of my person, drug screen, or other testing will be conducted without my written consent. I further understand that violation of this policy or refusal to submit to requested drug and/or alcohol tests or searches will subject me to disciplinary action up to and including immediate discharge.

I authorize Staff Force's medical facility and their respective employees and agents administering the prohibited substance test(s) to release the results to Staff Force, or any person acting on behalf of the Company, client customers, and general contractors. Furthermore, I release Staff Force, its medical facility, its client companies and general contractors and their respective employees and agents from any and all claims that I may now have, or in the future have, arising from or relating to the Drug Free Workplace Policy and/or any action by Staff Force or its client companies or general contractors based on a failed test.

I acknowledge that I have read, or had the opportunity to read, the Staff Force's Drug Free Workplace Policy and agree to abide by its terms.

Applicant Signature _____ Date _____

SS# _____ DL# _____