



HEADSTART CORPJA APPLICATION

Welcome!

In accordance with Florida Statute Title XXII, Section 468.125(f), your worksite employer has entered into an agreement with Headstart CorpJa, a Professional Employer Organization

TO BE COMPLETED BY EMPLOYEE

First _____ Middle _____ Last _____

Tax Registration Number # ____ - ____ - ____ Date of Birth ____ / ____ / ____ Gender: Male / Female

Home Street Address: _____

Apt. No. _____ City: _____ Zip: _____

Mailing Address (if different from above):

City: _____ Zip: _____

Email address: _____

Home Phone: () _____ - _____ Phone: () _____ - _____

Emergency Contact: () _____ - _____

Three (J) or more consecutive scheduled days of No Call or No Show for shifts will be considered a voluntary quit/job abandonment. No prior warnings are needed to consider this as a voluntary resignation. Upon separation from employment, the former employee must call Headstart CorpJa at (941) 993-1019

Employee Signature _____ Date: _____



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VOLUNTARY EEO IDENTIFICATION

Various agencies of the United States Government require employers to maintain information on applicants pertaining to such factors as race, sex and type of position for which an applicant applies the information requested here is for compliance with certain record keeping requirements. We believe all persons are entitled to equal employment opportunities and do not discriminate against employees or applicants for employment because of race, color, sex, religion, nationality, disability, veteran status, age, marital status, or any other protected group.

- White (Non-Hispanic or Latino) Native Hawaiian or Other Pacific Islander
- Black or African American (Non-Hispanic or Latino) Origins of Hawaii, Guam, Samoa, other Pacific Islands
- American Indian or Alaskan Native Hispanic or Latino
- Two or More Races (Non-Hispanic or Latino) *All persons who identify with more than one of the listed races*
- Asian Origins of the Far East, Southeast Asia or those who identify with more than one of the listed races
- Indian subcontinents (Non-Hispanic or Latino)

If the employee elected not to complete the information, the employer has completed it through visual identification as required by law.

OFFICIAL USE ONLY:

Client Name: _____ Client Number: _____

Status: New Hire Re-Hire Hire Date _____

Original Hire Date _____

Workers Comp Class Code _____ Position Title _____

Location _____ Primary Dept. _____

FLSA Status New Hire Re-Hire Hire Date _____ Original Hire Date _____

ELSA Status Exempt / Non-Exempt

Full Time Part-Time Standard of Hours per Week _____

PAY FREQUENCY

- Weekly
- Bi-Weekly
- Semi-Monthly
- Monthly

METHOD & RATE OF PAY

- Hourly / Rate
- Salary / Amount
- Piecework Rate / Amount

Client Signature _____

Date _____



HEADSTART CORPJA

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PROHIBITED PLACEMENT POLICY:

As an HSCJ employee, your safety is our greatest concern. For that reason, there are certain jobs and working conditions that we do not allow. Under no circumstances do we allow our workers to get on roofs. Work that is more than six feet off the ground must be approved by HSCJ in writing, and work that is more than knee level below ground must meet OSHA Labor law requirements. If you are ever asked to perform work that involves these conditions, you must call our office immediately at 941-993-1019.

NO ROOFS!

NO WORK MORE THAN SIX FEET OFF OF THE GROUND WITHOUT WRITTEN CONSENT DO NOT PERFORM ANY WORK THAT YOU FEEL IS UNSAFE!

By signing below, I agree to call HSSC office if I am asked to perform work that requires me to get on a roof, is more than six feet off the ground, or is more than knee deep below ground level.

Employee Name: _____

Signature: _____

Date: _____



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ANTI-FRAUD REWARD PROGRAM:

Workers' compensation fraud occurs when any person knowingly and with intent to injure, defraud or deceive any employer or employee, insurance carrier or self-insured program, files false or misleading information. Workers' compensation fraud is a third-degree felony that can result in fines, civil liability, and jail time. Rewards of up to \$25,000 may be paid to individuals who provide information that led to the arrest and conviction of persons committing insurance fraud.

To report suspected workers' compensation fraud call (941) 993-1019

Employee Name: _____

Signature: _____

Date: _____

EMPLOYEE ACKNOWLEDGEMENT:

I have been hired as an at-will employee of, HSSC which is an employee leasing company that is the employer of record and provides payroll administration, workman's compensation coverage, and year end W-2 statements.

I understand I am a leased employee.

Upon separation from employment, the former employee must call Headstart CorpJa at (941) 993-1019. If you make no attempt to contact HSCJ benefits may be denied.

Employee Name: _____

Signature: _____

Date: _____



HEADSTART CORPJA APPLICATION

EMPLOYEE DIRECT DEPOSIT APPLICATION:

Company Name _____ Client ID _____

Employee Name _____ Social Security # _____ - _____ - _____

To Initiate Direct Deposit:

I hereby authorize Headstart CorpJa (HSCJ) to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit in error on my account indicated below and the depository named below to credit and/or debit the same to such account.

This authority is to remain in full force and effect until HSSC has received written notification from me of its termination in such time and such manner as to afford HSCJ and a depository a reasonable opportunity to act on it. I realize that HSCJ is not responsible for any deposits that are not in my account by my regular payday. I further realize that depending on my bank, a deposit that HSSC has initiated may' take up to three to five business days to affect my account.

Amount To Be Deposited

_____ Full Paycheck

_____ Percentage

Account Type

(Check One)

_____ Checking Account (Attach voided check)

_____ Savings

Attach Voided Check here or Printed Information from Banking Institution

Employee name must be on the account, otherwise deposit may be rejected, and all fees incurred will be the responsibility of the employee.

Employee Signature _____ Date _____



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POLICIES & PROCEDURES CHECKLIST: *Please initial each statement.*

_____ I understand that when I accept a position through HS Staffing Corp, I am an employee of HS CorpJa, although I will be working at another company's facility doing work assigned by the other company.

_____ I understand that I am expected to complete any Job assignment I accept. If I do not complete the assignment, HS Staffing Corp can assume I have voluntarily quit, and I will be subject to dismissal.

_____ I agree not to accept a long-term assignment if I have any uncertainty as to my long-term plans which may affect my capacity to finish the assignment according to schedule.

_____ When I accept a job from HS CorpJa on a temporary basis and should the client desire to make the position a permanent one; I understand that this cannot take place until I have completed a minimum of 560 hours.

_____ HS Staffing Corp pays all our employees on a weekly basis. The pay period starts on Monday and ends on Sunday. I understand that my time slip must be turned in to HS CorpJa no later than 9:00 p.m. 00 Monday. NO EXCEPTIONS!! I understand that if I miss this schedule, or do not sign my time slip, my paycheck cannot be processed until the next week.

_____ I understand that I am responsible for the proper completion of my time slip. At the end of each assignment or week I will record the total of hours worked, sign my time slip and have the client approve the hours by signing the time slip.

_____ If I sustain an injury on the job, I will inform my immediate supervisor and HS Staffing Corp immediately after the accident. HS Staffing Corp will coordinate with the client and myself the proper procedure for treatment and report to the medical facility for which HS CorpJa is approved. No other medical treatment will be accepted.

_____ If for some reason, such as an emergency or illness, I cannot make it to work or will be late, I will contact HS CorpJA as soon as possible so that they can call the client and seek my replacement. My failure to call will be grounds for immediate termination and will indicate that I have quit.

_____ When an assignment ends, so that HS Staffing Corp is aware of my availability for work, I should report to the HS Staffing Corp office for my next Job assignment. Failure to do so will indicate that I have voluntarily quit. I should also contact HS Staffing Corp each week to let my Staffing Coordinator know that I am available to accept assignments.

_____ I understand that HS Staffing Corp has a very strict drug free workplace policy. I have signed a consent form to submit to drug testing and my failure to comply with this agreement will be grounds for my immediate termination, as well as failing a drug test.

_____ An injured employee or any other party making a workers' compensation claim shall provide his or her personal signature attesting that he or she has reviewed, understands, and acknowledges the following statement: "Any person who, knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information commits insurance fraud, punishable as provided in s. 847.734, and subject to criminal and civil penalties and can result in a felony conviction if found guilty.

May we text you? Y ___ N ___

Name of Cell Phone Carrier (please select one) Digicel ___ Flow ___ Other: _____

May we email you? Y _____ N _____

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.

Name of Employee: (PRINT) _____ Date: _____

Employee Signature: _____



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HS CORPJA PAYROLL POLICY:

HS CorpJa pays weekly on Fridays. Our weeks run from Monday through Sunday. You will be paid on the Friday following the week that you work. Your payroll paperwork will be submitted to our payroll company when you start your first assignment. The address you write on the paperwork is how your W-2 will be addressed.

If you move, please contact your recruiter or the Sarasota office with your new address ASAP.

Time slips are YOUR responsibility! Always take one with you on each new assignment and for each new week you work. You can print one off our website at www.headstartcorpja.com. Your first one will be given to you when you complete your paperwork, you can also make copies of a blank one. **Please make sure it's filled out and signed by a supervisor. Timesheets MUST be submitted to us by 9am every Monday.** Please email it to Headstartcorpja@gmail.com.

For Direct Deposit - Please email a picture of a voided check or your Direct Deposit form to www.headstartcorpja@gmail.com. You can get your DD form from online banking, your bank or card company. It must have your name, bank name, routing, and account numbers. We cannot accept anything handwritten or typed numbers-only.

We must receive your Direct Deposit information on Friday of the week that you work.

Please initial your choice Direct Deposit Checks

Employee Name: _____

Signature: _____

Date: _____



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MEDICAL QUESTIONNAIRE:

Employee Name: _____

Social Security Number: _____ Date of Birth: ____/____/____

Gender: ____ Male ____ Female Height (optional) _____ Weight(optional) _____

The purpose of this inquiry is as follows (1) to determine whether I currently have the physical qualifications necessary to perform the essential functions of the job that has been offered; (2) to determine what accommodations if any, may be necessary for me to perform the essential functions of the job, and (3) to determine whether I can perform the essential functions of the job Without posing a direct threat to the health and safety of myself and others. This information will be kept strictly confidential in a separate medical file, apart from my personnel file. I hereby affirm that the questions in the medical questionnaire have not been asked of me by anyone with the employer until after I have signed this statement and been offered a job. The conditional job duties have been adequately described to me, and I have had an opportunity to ask questions regarding the duties.

NOTICE TO OFFEREES In compliance With the Americans with Disabilities Act of 2008 (ADA), have received a conditional offer of employment This medial history statement related of ill offerees The answers to the medial history statement and any medical examination will be kept confidential and in separate files in compliance with the ADA requirements The job offer, which have received is conditioned upon satisfactory completion and review of this medical questionnaire and any required medal examination or follow up.

GINA DISQOSURE: The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers from requesting or requiring genetic information of an individual or family member of the individual except as specifically allowed by law. To comply With this law, we are asking you not provide any genetic information when responding to this request for medical information "Genetic information" includes an individual's family medical history , the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

EMPLOYEE AFFIRMATION: I herewith affirm that the employer has made me an offer of employment, conditioned on, among other things, the satisfactory completion of this questionnaire

PERSONAL HEALTH HISTORY

1. Have you ever had or been treated for any of the following conditions or diseases?

- | | | |
|--|------------------------------|-----------------------------|
| Herniated Disc | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Knee injury | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Surgical removal of disc or spinal fusion | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Back injury | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Hernia or rupture | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Diseased process of the spine | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Neck injury, pain, or problems | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Chest Pain | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Shoulder injury | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Arthritis or rheumatism | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Arm/hand injury | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Wrist problems (incl. Carpal Tunnel Syndrome) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Repetitive motion disorders | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Broken bones | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Ankylosis | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Immobility of any major. weight-bearing joints (ankles, knees, hips) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Tendonitis | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Head injury | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Amputations | <input type="checkbox"/> YES | <input type="checkbox"/> NO |



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Epilepsy, fainting spells, or dizziness
Hip injury

YES NO
YES NO

2. Describe any conditions checked *YES" from above:

3. Have you had any prior surgeries or sought treatment from a healthcare provider for any of the above injuries and/or medical conditions? YES NO

4. Are you capable of performing the essential duties of this job function? YES NO

5. Do you have any injury or condition that requires a reasonable accommodation for you to be able to perform the essential duties of this job position? YES NO

If yes, what accommodations do you need to perform the job?

6. How much weight can you lift comfortably unassisted?

0 < 15 lbs. 15-25 lbs. 25-39 lbs. 240 lbs.

7. Has a healthcare provider placed any limitation on your ability to sit, stand, push, pull, or lift? YES NO

If yes, what are the limitations?

8. Has a healthcare provider limited the amount of weight you can lift? YES NO

If yes, list the weight limitation and the date that your healthcare provider issued you the limitation:

9. Are you taking any prescribed drugs that would interfere with your ability to perform your job? YES NO

If yes, list the medications:

10. Have you ever been hurt on the job or filed a Workers' Compensation claim? YES NO

If yes, date(s): _____

Treating physician(s): _____

Body part(s): _____



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Mandatory drug testing for all injuries incurred on the job that require medical attention.

A positive drug test, or failure to submit to a drug test, will result in termination of employment and denial of a workers compensation claim.

My signature certifies that all facts and representations made by me are true, accurate and made willingly and intentionally.

Signature of Employee _____ Date _____

Printed Name _____

Company Representative _____ Date _____



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COVID-19 QUESTIONNAIRE:

1. Have you been vaccinated? Yes _____ No _____ Decline to Answer _____

2. Have you tested positive for COVID-19 in the past 14 days? Yes _____ No _____

3. Have you come in close contact with anyone who has tested positive for COVID-19 in the past 14 days? Yes _____ No _____

4. Have you traveled outside of your home area in the last 14 days? Yes _____ No _____

5. Have you or any member of your household had any of these symptoms in the last 14 days?
 - Fever or Chills / Shortness of breath / Muscle or body aches
 - Headache / Cough / Sore throat / Loss of taste or smell
 - Fatigue / Nausea / Vomiting / DiarrheaYes _____ No _____

To the best of my knowledge, I attest that the above information provided is true and accurate.

Signature _____ Date _____



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USE OF SOCIAL MEDIA POLICY:

HS CorpJa respects the right of any employee to maintain a blog or web page or to participate in a social networking, Twitter, or similar site. However, to protect the HS CorpJa interests and ensure employees focus on their job duties, employees must adhere to the following rules:

Employees may not post on a blog or web page or participate on a social networking, Twitter, or similar site during working time or at any time with HS CorpJa equipment or property.

All rules regarding confidential and proprietary business information apply in full to blogs, web pages, social networking, Twitter, and similar sites. Any information that cannot be disclosed through a conversation, a note or an e-mail also cannot be disclosed in a blog, web page, social networking, Twitter, or similar site.

Whether an employee is posting something on his or her own blog, web page, social networking, Twitter, or similar site or on someone else's, if the employee mentions HS Staffing Corp and expresses either a political opinion or an opinion regarding HS CorpJa actions, the poster must include a disclaimer. The poster should specifically state that the opinion expressed is his/her opinion and not the HS CorpJa position. This is necessary to preserve HS CorpJa good will in the marketplace.

Employees should be respectful of their potential readers and colleagues and refrain from using discriminatory comments, personal insults, libel, or slander when commenting about HS CorpJa their superiors, co-workers, or HS CorpJa competitors.

Any conduct that is impermissible under the law if expressed in any other form or forum is impermissible if expressed through a blog, web page, social networking, Twitter, or similar site. For example, posted material that is discriminatory, harassing, obscene, defamatory, libelous, or threatening is forbidden HS CorpJa policies apply equally to employee blogging. Employees should review their Employee Handbook for further guidance.

HS CorpJa encourages all employees to keep in mind the speed and way information posted on a blog, web page, social networking, Twitter similar site can be relayed and often misunderstood by readers. While an employee's free time is generally not subject to any restrictions by HS CorpJa, except for the limited restrictions above, HS Staffing Corp urges all employees to refrain from posting information regarding HS CorpJa or their jobs that could embarrass or upset coworkers or that could detrimentally affect HS CorpJa business. Employees must use their best judgment. Employees with any questions should review the guidelines above and/or consult with their manager. When in doubt, don't post. Failure to follow these guidelines may result in discipline, up to and including termination.

Signature _____

Date _____



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USE OF CELL PHONES:

HS Staffing Corp-provided cell phones (and other personal digital assistants) should be used primarily for business purposes. Employees have no reasonable expectation of privacy regarding the use of such phones and all usage is subject to monitoring, subject to applicable law.

All conversations and text messages must be professional. When sending a text message or using a cell phone for business purposes, whether it is an HS CorpJa -provided phone or a personal phone, employees must comply with applicable HS Staffing Corp guidelines, including policies on sexual harassment, discrimination, conduct, confidentiality, equipment use and operation of vehicles.

Use of an HS Staffing Corp-issued cell phone for personal texting is always prohibited and any personal cell phone usage during working time should be limited to emergency situations.

Cell Phone Use While Driving

Employees who drive on HS CorpJa business must abide by any state or local laws prohibiting or limiting usage while driving. Further, even if usage is permitted, employees may choose to refrain from use of any cellular phone while driving. "Use" includes, but is not limited to, talking, or listening to another person or sending an electronic or text message via the cell phone.

Regardless of the circumstances, including slow or stopped traffic, if any usage is permitted while driving, employees should proceed to a safe location off the road and safely stop the vehicle before placing or accepting a call. If acceptance of a call is necessary while the employee is driving, and permitted by law, the employee must use a hands-free option and advise the caller that he/she is unable to speak at that time and will return the call shortly.

Under no circumstances should employees feel that they need to place themselves at risk to fulfill business needs.

Since this policy does not require any employee to use a cell phone while driving, employees who are charged with traffic violations resulting from the use of their phones while driving will be solely responsible for all liabilities that result from such actions.

Print Employee Name

Date

Employee



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APPLICANT AUTHORIZATION FOR REFERENCES & NATIONAL BACKGROUND CHECK

I voluntarily consent to authorize HS CorpJa or any of its officers, employees, or agents to run a National Background or Terrorist Watchlist Report. I voluntarily consent to authorize HS CorpJa or any of its officers, employees, or agents to check my references by contacting any person or entity whom they deem to be an appropriate reference. I understand that questions may be asked about my educational background, work experience, achievements, wage history, performance, attendance, personal history, character, personality, disciplinary information, and reason for separation from former employment.

It is expressly understood that any information given is to be used for the purpose of determining my acceptability for employment with HS CorpJa.

I also hereby release HS CorpJa from all liability for damages or claims including, but not limited to, defamation, interference with contract, and negligence - which may arise or result from any reference information gathered pursuant to this authorization.

Applicant Full Name: _____

Applicant Social Security #: _____ DOB _____

Applicant Signature

Date



HEADSTART CORPJA APPLICATION

CRIMINAL HISTORY DISCLOSURE FORM:

Criminal history will be considered as part of the overall screening process of potential applicants. A criminal conviction is not an automatic bar from employment. Each case is considered and evaluated on its individual merits, in relation to the duties and responsibilities of the position for which you are applying. The mere fact of arrest or criminal charges are not indicative of guilt or unsuitability for the position for which you are applying. However, the circumstances underlying an adjudication of guilt for a criminal offense may be relevant in determining your suitability for any given position of employment.

Please respond fully to the questions below. **Do not** include information regarding: any youthful offender adjudication; any conviction for a sealed violation; or any criminal charges that were resolved in your favor (e.g., dismissal, not guilty verdict, withhold of adjudication, etc.).

1. Have you ever been **convicted of, or pled guilty' or no contest to**, a felony or misdemeanor criminal offense? Please check either "Yes" or "No.":

Yes

No

2. If yes, please provide specifics about the type and nature of the crime, location, court, year of conviction, and any other information you wish us to consider, such as rehabilitative efforts undertaken by you, or other mitigating or relevant circumstances:

I hereby certify that the above disclosures are true and complete. I understand that misrepresentation or omission of relevant facts may result in a decision not to hire me or, if I have been hired, to end my employment without notice. I hereby authorize investigation of all statements contained in this disclosure and any attached data provided. I hereby also agree to hold HS Staffing Corp harmless in divulging any information contained in this application form as well as any personnel records developed because of my application or employment with HS CorpJa.

Applicant Printed Name _____ Date _____

Applicant Signature _____