

RYAN Personnel Record

Alternative Staffing, Inc. Name _____

A record of criminal conviction will not necessarily be a bar for employment, since the company will consider factors such as age, time of the offense, the nature and seriousness of the violation, and the evidence of rehabilitation in making any employment decision. Have you ever been convicted of a crime in the last seven (7) years, other than minor traffic violations? Yes No If yes, please complete:

Approximate Date of conviction _____ Court location of conviction _____

Description of offense: _____

Are you a smoker? Yes No

If yes, can you refrain from smoking during work? Yes No

Family doctor's name _____ Phone _____

Can you think of anything that may prohibit you from working? Yes No

If yes, explain: _____

Ryan Alternative Staffing, Inc. is an equal opportunity employer and does not discriminate against applicants or employees on the basis of sex, race, color, religion, national origin, ancestry or age (40 years and over) or sexual orientation. In addition, Ryan Alternative Staffing, Inc. does not discriminate against qualified individuals with disabilities.

Ryan Alternative Staffing, Inc. Employee/Applicant Drug Testing Authorization and Release

I understand that Ryan Alternative Staffing, Inc. is in the business of placing qualified employees on temporary assignments with its Clients. I further understand that some Clients have adopted policies requiring drug testing. If I desire to be considered for assignment with any such Client, I consent to undergoing drug screening tests as required under the Client's policy. It is my understanding that the drug screening tests which may be implemented are for the purpose of providing me with a safer work environment. Drug users not only endanger themselves, but also place their fellow co-workers at risk. I understand that if I am taking prescription medication(s) that may affect my job performance I must notify RAS, immediately prior to starting any assignment. Failure to report such information in a timely manner, for any reason, will result in disciplinary action up to and including discharge.

I understand that if I am involved in a reportable on-the-job accident, I will be sent for a drug test as soon as possible after the reported accident and after any appropriate medical attention has been received. In addition, I understand that if Ryan Alternative Staffing or its Client has reason to believe that a drug and/or alcohol problem exists, I consent to undergoing for-cause testing. Failure to submit to a timely post accident drug test for any reason will result in disciplinary action up to and including discharge.

In consideration for my employment, I hereby release Ryan Alternative Staffing, Inc., its Client,

their respective parent, subsidiary and affiliate companies, and their employees, agents, and representatives from any and all liability arising with respect to such drug and/or alcohol tests. Furthermore, I release Ryan Alternative Staffing, Inc., its Client, their respective parent subsidiary and affiliate companies, and their employees, agents and representatives from any and all liability arising with respect to Ryan Alternative Staffing, Inc. its Client's use of the results of the drug and/or alcohol tests in making employment-related decisions. I agree to sign additional consent and/or release forms required by Ryan Alternative Staffing, Inc., its Client(s), or testing laboratory.

I understand that if I refuse to submit to any pre-assignment drug and/or alcohol tests, I will not be considered for placement on assignment with any such Client requiring pre-assignment testing. I also understand that if any such tests indicate the presence of any illicit drugs or controlled substances or such other substances prohibited by Ryan Alternative Staffing, Inc., or its Client, I will immediately be released from my assignment with such Client and termination from my employment with Ryan Alternative Staffing, Inc.

I understand and acknowledge that my continued employment with either Ryan Alternative Staffing, Inc. and/or its Clients is specifically conditioned upon a negative drug test result. I

understand that failure to pass any drug screening test required by Ryan Alternative Staffing, Inc., and/or its Clients is just cause for termination of my employment with Ryan Alternative Staffing, Inc. and/or its Clients.

I also understand that successfully completing a drug and/or alcohol test does not automatically guarantee employment as an assignment employee with Ryan Alternative Staffing, Inc. and does not guarantee placement on assignment with a particular Client.

The results of the employee's refusal to submit to the testing under this procedure may affect the employee's eligibility for compensation and benefits pursuant to 4123 of the Revised Code and the Ohio Workers' Compensation Programs.

By signing this form, I hereby authorize and consent to drug and/or alcohol testing. I also authorize and consent to the release of the results of such drug and/or alcohol test to appropriate employees of both Ryan Alternative Staffing, Inc., and its Client. In addition, I herein authorize Ryan Alternative Staffing to release this information to the Ohio Bureau of Employment Services, the Ohio Bureau of Workers Compensation, the State of Pennsylvania and its agencies including but not limited to the Mercer County Job Center and office of Employment Security or in evidence in any claim for benefits I may file with those agencies.

Print name _____

Signature _____

Date _____

Witnessed by _____

Date _____

Authorization for drug test charge

I hereby agree to pay Ryan Alternative Staffing, Inc., for drug test charges under the following conditions: Voluntary quit on an assignment working less than 160 cumulative hours; No show on a scheduled assignment; Terminated on an assignment because of attendance, safety violations, attitude, and/or work performance; Positive drug screen; Walk off a scheduled assignment

I understand that the drug test charge will be a total of \$35.00/negative test result and an additional \$50.00/positive test result (totaling \$85.00). A copy of release will serve as an original that will be kept on file in your personnel record.

Applicant signature _____ Date _____

Ryan Alternative Staffing, Inc. _____ Date _____

Rev.10/2018	
OFFICE USE ONLY	
DATE _____ / _____ / _____	
Cx <input type="checkbox"/> Alternative Method	
<input type="checkbox"/> Bilingual	
<input type="checkbox"/> English	
AP <input type="checkbox"/> Clerical	<input type="checkbox"/> Labor
<input type="checkbox"/> APP	<input type="checkbox"/> APP
<input type="checkbox"/> Not APP	<input type="checkbox"/> Not APP

Employee Preferences

What type of work are you most interested in?

(Check YES if interested. Check NO if not interested)

LIFTING

YES NO

- Lifting 10-25 lbs
- Lifting 25-50 lbs.
- Lifting >50 lbs.
- Lifting <10 lbs

WORK PREFERENCE

YES NO

- Combination Sitting/
Standing Work
- Physical Work
- Sit Down Work

TASK PREFERENCE

YES NO

- Multi-Task Job
- No Preference
- Non-Repetitive Work

Is there a particular position or company you are looking to work with? Yes No If yes, where?

EMERGENCY CONTACT

Name _____

Phone _____

Relationship _____

Do you have any additional skills, certificates, etc. that could benefit your job placement? If yes, explain.

Have you ever worked for a temporary service before? Yes No

If yes, then who did you work for? _____

With what company? _____ When? _____ / _____

Have you ever applied at any other Ryan Staffing office? Yes No If yes, then where? _____

I would like to retrieve my W2 form online in lieu of receiving a hard copy in the mail. Yes No

Test Scores (Office Use Only)

CLERICAL

General

Math _____

Spelling _____

Filing _____

Software _____

Keyboard

Keyboard: 10 Key _____ KS/_____ %

Numeric Data Entry _____ KS/_____ %

Alpha Numeric Data Entry _____ KS/_____ %

Type _____ WPM/_____ %

LABOR

Client Specific _____

Dexterity _____, _____, _____, _____

Fraction/Decimal _____

Matching _____

Math _____

Measurement _____

FORMS/PROCEDURES COMPLETED

Drug Test Yes No

Background Check Yes No

I understand and agree

- a. That any misrepresentation (including omission of information) by me in this application will be sufficient cause for cancellation of the application and/or separation from RAS if I have been employed.
- b. I understand that this application will be given every consideration, but it is not a promise of employment. I understand that, if hired, my employment will not be for a definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at any time with or without notice, and RAS has the same right. No one other than the President of RAS has authority to modify this relationship or to make any agreement to the contrary.
- c. That I will not disclose, publish, or utilize any confidential information of RAS or RAS's clients where I am sent to work.
- d. I understand and agree that I must contact/inquire with Ryan Alternative Staffing, Inc. for available work upon the conclusion of a work assignment as a condition of my employment. If suitable work assignments are available with Ryan Alternative Staffing, Inc. upon the conclusion of a work assignment and I fail to inquire about another work assignment within 24hours. I am not eligible for work because I have quit.
- e. I'm required to call in on a weekly basis when I'm available for work. I'm required to update my application every 12 months of my initial application date. I'm required to notify Ryan Staffing of any address or telephone number changes within three business days so that I can be contacted for work assignments. I understand that if I fail to meet any of these requirements I will be considered to have quit my employment with Ryan Alternative Staffing, Inc.
- f. That I am not required to answer any questions in this application that I believe would deny me equal employment opportunity.
- g. I understand that RAS reserves the right to require me to submit to a medical examination (including a drug or alcohol screen), to the extent permitted by law, prior to employment and any time during my employment, if I am hired, I understand that RAS may investigate my criminal record and make

an investigative consumer report whereby information is obtained through personal interviews with my neighbors, friends and others with whom I am acquainted. I understand I have the right to make a written request for more detailed information concerning the nature and scope of any investigation consumer report.

- a. I understand that RAS may contact my previous employers and I authorize those employers to disclose to RAS all records pertaining to my employment with them and release and hold harmless RAS, my former employers, and others who may give RAS references or background information.
- b. I agree not to accept any full time offer of employment from a Ryan client without first obtaining written permission or to be transferred to the payroll of a different staffing service or employee leasing company and continue working at any of the customers locations or facilities.
- c. I agree to reimburse RAS for any overpayment made for any reason due to hours being processed incorrectly.
- d. I understand that forgery and fraud are criminal offenses and that RAS will prosecute these.
- e. I'm required to call in on a weekly basis when I'm available for work. If we don't hear from you, your employment will be considered severed.
- f. I understand that if I do not call or show up on my assigned job, Ryan Alternative Staffing, Inc. will have considered that I have quit and am no longer available for future assignments.
- g. I understand that Ryan Staffing utilizes text messaging to communicate employment opportunities as a fast and efficient means of job placement. I also understand that if I do not want to receive employment opportunities or related information using text message, I can text STOP and I will have successfully opted out of such communication.

Signature

Date

Separation, Placement and Termination of Employment Policies of Ryan Alternative Staffing, Inc.

Starting Wage Policy:

Ryan Alternative Staffing, Inc. services a diverse client base. These clients provide a variety of positions that require different levels of skill and have different physical restrictions. As a result, Ryan Alternative Staffing, Inc. offers positions that have different starting hourly rates of pay.

In that often times our clients hire Ryan Staffing employees to fill their full-time positions, we encourage all applicants to be as flexible as possible pertaining to an acceptable starting wage. In short, the more restrictions you place on our ability to find you a position for which you are qualified, the harder it will be to get you started working.

I understand this policy and I am willing to accept positions that I am qualified for that have a starting hourly pay rate of \$_____ / hour or higher. _____ (initial)

Unemployment Benefits Policy:

I understand and agree that I must contact/inquire with Ryan Alternative Staffing, Inc. for available work upon the conclusion of a work assignment as a condition of my employment. If suitable work assignments are available with Ryan Alternative Staffing, Inc. upon the conclusion of a work assignment and I fail to inquire about another work assignment within 24 hours, I am not eligible for work because I have quit. _____ (initial)

Termination from Employment with Ryan Alternative Staffing , Inc.

The following list represents offenses that will result in the immediate termination of your employment with Ryan Alternative Staffing, Inc.:

- 1. Misrepresentation or omission of information on your application for employment and other related documents.
- 2. Refusal to submit to drug testing under the company's policy; or having a positive result from a mandated drug test required by the company under its drug testing policy.
- 3. Failure to comply with the safety rules of Ryan Alternative Staffing, Inc. or its clients.
- 4. Fighting while on the premises of Ryan Staffing or its client locations.

- 5. Theft of any sort from Ryan Staffing, its clients or other coworkers.
- 6. Insubordinate behavior directed towards the staff of Ryan Staffing or its clients including but not limited to the use of profanity or abusive language, a refusal to perform a job duty, or failure to cooperate in the investigation of any matter pertaining to Ryan Staffing or its client's business.
- 7. Providing forged or fraudulent information on timecards, timesheets, etc. that results in the overpayment of wages.
- 8. Consuming, being under the influence, or being in the possession of alcohol, or illegal non-prescribed narcotics on the premises of Ryan Staffing or its clients.

I understand that violation of the above listed work rules are grounds for immediate termination from Ryan Alternative Staffing Inc. and that Ryan Staffing reserves the right to modify or change this list without notice. _____ (initial)

I'm required to call in on a weekly basis when I'm available for work. I'm required to update my application every 12 months of my initial application date. I'm required to notify Ryan Staffing of any address or telephone number changes within three business days so that I can be contacted for work assignments.

I understand that if I fail to meet any of these requirements I will be considered to have quit my employment with Ryan Alternative Staffing, Inc. _____ (initial)

I understand and agree that if suitable work is available, I am required to accept such jobs as a condition of my employment. In its determination of suitable work, Ryan Staffing will rely on information provided at the time of application and your past work history. I understand that my refusal to accept two bona-fide job offers within a six-month time period will cause my employment with Ryan Alternative Staffing, Inc. to be terminated effective immediately. _____ (initial)

I understand and agree to abide by the Separation, Placement, and Termination Policies of Ryan Alternative Staffing, Inc. I understand that acceptance of these policies does not constitute a promise of employment. _____ (initial)

I acknowledge that I have received a copy of these policies prior to starting work with Ryan Alternative Staffing, Inc.

Applicant

Date

RAS Representative

Date



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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 <i>(Family Name)</i>		First Name <i>(Given Name)</i>		Middle Initial	Other Last Names Used <i>(if any)</i>	
Address <i>(Street Number and Name)</i>			Apt. Number	City or Town		State
Date of Birth <i>(mm/dd/yyyy)</i>		U.S. Social Security Number □□□□ - □□□□		Employee's E-mail Address		Employee's Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____</p> <p>Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date <i>(mm/dd/yyyy)</i>
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Preparer and/or Translator Certification (check one):

I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date <i>(mm/dd/yyyy)</i>	
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>	
Address <i>(Street Number and Name)</i>		City or Town	State
			ZIP Code



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear 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.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

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

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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EMPLOYMENT INQUIRY RELEASE

Ryan Alternative Staffing, Inc. (hereafter referred to as "Employer") may obtain information in conjunction with my application for my placement for temporary work assignments with certain of the Employer's client companies. I understand that the employer intends to obtain Consumer Reports and/or Investigative Consumer Reports about me as defined in the federal Fair Credit Reporting Act (FCRA) by authorized agents. These reports may include information concerning my academic background, character, reasons for work termination, work experience, work habits and/or work performance. The employer may also seek information concerning my civil litigation history, criminal record, educational background, employment history, motor vehicle record.

I understand that you may rely on the information contained in these reports in determining whether to extend an offer of employment to me. If you contemplate making an adverse employment related decision that will affect me based, in whole or in part, upon a report obtained from an authorized agent, I will receive a written summary of my Consumer Rights under the FCRA with specifics to request a copy of the report.

I have read the above disclosure and I hereby authorize Ryan Staffing to obtain the referenced information about me by an authorized agent. I also authorize all agencies, bureaus, employers, information service organizations and individuals to provide any of the above referenced knowledge or information they have concerning me. This authorization shall remain on file and be valid for one (1) year from the date affixed below and auto renew and shall serve as an ongoing authorization for you to obtain reports about me from an authorized agent. A photocopy or facsimile of this authorization shall be as valid as the original.

Signature _____ Date _____

THE FOLLOWING INFORMATION IS REQUIRED TO CONDUCT THE BACKGROUND CHECK

PLEASE FILL IN EACH BLANK SPACE			
NAME		PHONE	
FORMER NAME		SOCIAL SECURITY #	
CURRENT ADDRESS		PREVIOUS ADDRESS	
CITY		CITY	
STATE	ZIP	STATE	ZIP
COUNTY		COUNTY	
LENGTH OF RESIDENCE	YEARS:	MONTHS:	
DRIVER'S LICENSE STATE:		LIST STATES AND COUNTIES OF RESIDENCE, OTHER THAN ABOVE, FOR THE PAST 7 YEARS: COUNTY _____ STATE; _____ COUNTY _____ STATE; _____ COUNTY _____ STATE; _____	
DL NUMBER:			
DATE OF BIRTH <small>(For Identification purposes only)</small>			
MAY WE CONTACT YOUR CURRENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		EMAIL ADDRESS:	

Ryan Alternative Staffing is an equal opportunity employer and does not discriminate against applicants or employees on the basis of sex, race, color, religion, national origin, ancestry or age (40 years and over). In addition, Ryan Alternative Staffing, Inc. does not discriminate against qualified individuals with disabilities.

My prospective employer understands that age is a protected characteristic and that any age related information requested will not be used as the basis for any employment decision.