All Spot Cleaning Solutions

I hereby authorize ALLSPOT CLEANING SOLUTIONS to do a security check. I understand that this will include checking with my previous employees and also my personal references. All law enforcement and State agencies may also be a part of the background screening.

| Employee Name: | | | | | |
|--|----------------|-------|--|--|--|
| SSN: | Date of Birth: | | | | |
| Address: | | | | | |
| City: St | ate: Z | Zip: | | | |
| Previous Address: | | | | | |
| City: St | ate: | Zip: | | | |
| Do you expect to receive any garnishments, suits or payroll deductions? If so, please list the agencies below. | | | | | |
| | | | | | |
| | | | | | |
| Employee Signature | | Date: | | | |
| : V | - . | | | | |
| All Spot Cleaning Representative | | Date: | | | |
| Findings(if any): | | | | | |
| | | | | | |
| Law Enforcement Agency | r-ax | | | | |
| Employee Signature | :- ! | Date: | | | |

Upon the conclusion of security screening, if evidence is found to disprove any information acquired during initial interview, All Spot Cleaning Solutions reserves the right to terminate all hiring proceedings.

"It's automatic termination if you misplace the key due to security purposes"

ALLSPOT CLEANING SOLUTIONS

COMPANY RULES

- ALL EMPLOYEES ARE ON A 30 DAY PROBATION PERIOD WHEN HIRED. AT THE END OF THE 30 DAYS YOUR JOB PERFORMANCE WILL BE EVALUATED.
- DISCUSSION ON SALARIES AND/OR WAGES AMONG EMPLOYEES WILL RESULT IN IMMEDIATE TERMINATION OF ALL EMPLOYEES INVOLVED. ANY OTHER PERSONAL INFORMATION WILL ALSO BE CONSIDERED PRIVATE AND GROUDS FOR DISMISSAL IF DISCUSSED.
- IF YOU ARE UNABLE TO REPORT TO WORK, OU MUST NOTIFY ALLSPOT CLEANING AT LEAST 4 HOURS IN ADVANCE AT (404) 246-9017. THIS PHONE IS ANSWERED 24 HOURS PER DAY, SEVEN DAYS PER WEEK. SOMEONE WILL ANSWER OR RETURN YOUR CALL IMMEDIATELY. FAILURE TO FOLLOW THESE GUIDELINES WILL RESULT IN SUSPENSION OR TERMINATION.
- NOTIFY ALLSPOT CLEANING OF ANY UNUSUAL OCCURENCES PERTAINING TO YOUR JOB. (EXAMPLE: BROKEN WINDOWS, EMERGENCY SITUATIONS, THEFT, ALARMS, ETC.)
- NO UNAUTHORIZED PERSON/PERSONNEL OR MINOR CHILDREN ON JOB SITE.
- NO DRINKING OF ALCOHOLIC BEVERAGES PRIOR TO OR WHILE PERFORMING YOUR JOB DUTIES.
- DO NOT REARRANGE YOUR WORK SCHEDULE WITHOUT PRIOR CONSENT FROM ALLSPOT CLEANING'S MANAGEMENT TEAM. DO NOT LEAVE EARLY OR REPORT TO A WORK SITE EARLY WITHOUT CONSENT.
- ALL EMPLOYEES ARE EXPECTED TO PRESENT THEMSELVES IN CLEAN CLOTHING, WITH A WELL GROOMED AND PLEASING APPEARANCE ON THE JOB SITES. FAILURE TO DO SO COULD RESULT IN SUSPENSION FOR THAT DAY.
- NEVER ENTER A CUSTOMER'S DESK, CABINETS OR DRAWERS UNLESS INSTRUCTED TO DO SO.
- DO NOT USE CUSTOMER'S PHONE EXCEPT IN CASE OF EMERGENCY.
- BE POLITE AND COURTEOUS TO CUSTOMERS AND MANAGEMENT AT ALL TIMES.
- EMPLOYEES WILL BE SUBJECT TO A RANDOM DRUG TEST AT THE DISCRETION OF MANAGEMENT. REFUSING WILL RESULT IN IMMEDIATE TERMINATION.

| Signature: | | 7. **** |) - Assessmenter | | — |
|------------|--|---------|----------------------|-----------------|----------|
| Date: | The second secon | | | de la constanta | - |

All spot cleaning solutions

| Please complete the Employee Verification Worksheet | | | | | |
|--|--|--|--|--|--|
| Employee Name: | | | | | |
| | | | | | |
| Current Address: | | | | | |
| City: State: Zip: | | | | | |
| Phone Number: (H): (W): | | | | | |
| | | | | | |
| Person to notify in case of emergency: | | | | | |
| Name: | | | | | |
| Phone Number: | | | | | |
| List all job locations (include which nights or days worked) | | | | | |
| | | | | | |
| | | | | | |
| Employee SSN: | | | | | |
| Date of Birth: | | | | | |
| | | | | | |

Health Questionnaire

| and the second of | | | | |
|--|---|---------------|--|--|
| ADDRESS: | | | | |
| CITY: | STATE: | ZIP: | | |
| | Medical History | | | |
| Do you have or have you ever had any of the following? (Please check EACH of the following: Yes or No. Any Yes answer must be fully explained below.) Answer ALL questions. | | | | |
| | | | | |
| Epilepsy Diabetes Cardiac (Heart) Disease Marie Strumpell Disease Any loss of vision Polio Any Amputation Cerebral Palsy Multiple Sclerosis Parkison's Disease Vascular (Circulation) | Psychiatric or psychological treatment or evaluation Hemophilia or other blood diseases Osteomyelitis Stiff Joints Hypoglycemia (Sugar Problems) Muscular Dystrophy Thrombophlebitis Herniated Intervertebral Disc Back Surgery Allergies Arthritis | Yes No | | |
| Disorder | | | | |
| Height: | Weight: | 0 | | |
| Have you ever received treatment for a back, neck, or knee condition or head injury? Do you know or have you ever suffered from aches or pains of the back? | | | | |
| Have you ever had any surgery? | | | | |
| Do you now or have you ever had any physical disabilities, impairments or handicaps? | | | | |

| Have you ever had a worker's compensation injury? | |
|--|--|
| Have you ever received a disability rating for any reason? | |
| Have you ever received compensation or medical benefits under worker's | compensation? |
| Explain fully any Yes answers: | |
| | |
| | |
| | |
| | |
| | |
| I have been fully advised that if I am injured on the job, regardless of how minor that injury immediately to my supervisor. | the injury may seem I am to report Yes No |
| I certify the above answers to be true and correct. I understand that any false or questions will be sufficient reason for denial of benefits under the Worker's Comptermination of employment. I also understand that my answers will be verified by | pensation Act, and basis for |
| Applicants Signature: | Date: |
| Witness: | Date: |
| Note: If applicant is unable to read and write, he is to make his mark in the place certify that he has read the above requested information to the applicant and tha applicant. Sign in the space for witness to verify. | |
| Current employment practices should be reviewed by employers and or their cor the American with Disabilities Act and other state and federal laws governing em Technology Insurance assumes no responsibility for your use of provided information | ployment rules and regulations. |