

PROFESSIONAL STAFFING SOLUTIONS

Orientation Review

Please review the following material carefully and sign below:

- ❑ **Please call us once a week.** The best time to check in is Monday between 8:00 a.m. and 5:00 p.m. It is your responsibility to call the office when you are available for work. You should inform Professional Staffing Solutions if your needs, skills or personal information changes.
- ❑ **Professional Staffing Solutions or yourself can terminate your employment.** When an assignment ends you must report to Professional Staffing Solutions for your next job assignment. Failure to do so or to accept your next assignment will indicate that you have voluntarily terminated your employment.
- ❑ **Professional Staffing Solutions is your employer.** If for any reason you will be late for your assignment, you must notify Professional Staffing Solutions immediately. Outside office hours, you will need to leave a message with our office. If you do not call and do not arrive at your assignment, you understand that you will be replaced and this may indicate to Professional Staffing Solutions that you have voluntarily terminated your employment.
- ❑ Professional Staffing Solutions recognizes the following holidays: Memorial Day, Fourth of July, Labor Day, Thanksgiving, and Christmas. **To qualify for holiday pay you must work 3 months, at least 32 hours in the holiday week and work the working day before and the working day after the holiday.**
- ❑ **WORK SAFELY AND THINK SAFELY.** If you are injured on the job you will need to **inform your supervisor and Professional Staffing Solutions immediately.** Professional Staffing Solutions will coordinate, with the client and yourself, the proper procedure for treatment and reporting of the accident. If you are injured on the job it is Professional Staffing Solution's policy that you will submit to a drug test.
- ❑ **Time sheets must be received by Monday no later than noon.** Failure to get your time sheet sent in will result in your check being delayed by a week. You and your supervisor must sign time sheets. **IT IS YOUR RESPONSIBILITY TO SEND IN A TIME SHEET, DO NOT DEPEND ON ANYONE ELSE TO DO THIS FOR YOU!**

Employee Signature

Date

Thank you for choosing Professional Staffing Solutions.

We look forward to a long successful relationship.

Phone 303-278-0391 Fax 303-278-0351

www.prostaffingsolutions.com

Safety Rules

General Rules:

1. **Accident Reporting:** Report all accidents or near misses to Professional Staffing Solutions and to your supervisor immediately. Falsification of company records, including employment applications, time records, or safety documentation will not be tolerated.
2. **Hazard Reporting:** Notifying a supervisor immediately of any unsafe condition and/or practice.
3. **Alcohol or Illegal Drugs:** No illegal drugs or alcohol will be allowed on the worksite. Employees will notify Professional Staffing Solutions of any prescription drugs that might affect their judgment. Upon occurrence of an accident, employees will be given a drug/alcohol screen.
4. **Personal Protective Equipment:** Employees must practice proper use, care and storage of personal protective equipment.
5. **Designated provider:** All employees must obtain treatment of work related illness and injuries from the following locations:

Exempla – Wheat Ridge Occupational Medicine

9830 W. I-70 Frontage Road South
Wheat Ridge, CO. 80033
Phone # - (303) 467-4100

Concentra Medical Centers – CO – Lakewood

770 Simms St. Ste. 100
Golden, CO. 80401
Phone # - (303) 239-6060

In the event of a non-emergency, after hours injury, contact one of the providers at the non-emergency numbers listed above.

In the unfortunate event of a life-or-limb-threatening emergency, you will certainly be sent to the nearest emergency medical facility; however, one of the medical providers designated above must approve all follow-up care.

If an unauthorized medical provider treats an employee, the employee will be responsible for payment of said treatment.

All employees must sign below, acknowledging this company policy.

6. **Fraud:** Any employee filing a fraudulent claim will be prosecuted to the full extent of the law.

Employee Position: Office Worker

1. Do not stand on furniture to reach high places; always use a ladder to step stool.
2. Use the provided handrails when ascending or descending stairs or ramps.
3. Close all drawers to file cabinets after use to prevent tripping or bumping hazards.

Equipment Operation: Forklift

1. Employees must wear seatbelts and all required safety equipment when operating forklift.
2. Do not allow passengers to ride on the forklift unless a passenger seat with seatbelt is available.
3. Do not use a forklift to elevate workers unless an approved elevating platform is properly attached to the mast and forks.

I, (print name) _____ have read/been read and understand these safety rules. I agree to follow all safety rules at all times and understand any violation can result in disciplinary action including termination of employment. I understand if any safety rule violation results in a work-related injury or illness, workers' compensation benefits by law, can be reduced by 50 percent.

Employee Signature: _____ Date: _____