



COMBINED DISCLOSURE NOTICE AND AUTHORIZATION REGARDING BACKGROUND CONSUMER REPORTS

Important: Please read carefully before signing.

A consumer report and/or investigative consumer report including information concerning your character, employment history, general reputation, personal characteristics, police record, education, qualifications, motor vehicle record, mode of living and/or credit and indebtedness may be obtained in connection with your application for and/or continued employment with the employer. A consumer report and/or an investigative consumer report may be obtained at any time during the application process or during your employment with the employer. A consumer report containing injury and illness records and medical information may be obtained after a tentative offer of employment has been made. Upon timely written request of the personnel department of the employer, and within 5 days of the request, the name, address and phone number of the reporting agency and the nature and scope of the investigative consumer report will be disclosed to you. Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the reporting agency, and a summary of your rights under the Fair Credit Reporting Act.

AUTHORIZATION

You hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about you to furnish Personally Yours Staffing with any and all background information in their possession regarding you, in order that your employment qualifications may be evaluated.

You release Personally Yours Staffing, the providers of such information, former employers, and their respective agents and employees from any and all liability for damages arising from the investigation and disclosure of the requested information.

You will allow a photocopy of this authorization to be as valid as the original.

Have you ever been convicted of a crime, adjudication withheld (either a felony or misdemeanor) or entered a plea of no contest? YES ___ NO ___. If yes, please explain fully, including the nature of the offense(s), the state, the county and the date(s) of the convictions. A conviction record will not necessarily eliminate your candidacy for employment.

[Empty box for providing details of convictions]

Print Your Name
Street Address
City State Zip
Social Security Number Date of Birth
Drivers License State Number
Other or Former Names
Professional License State Type Number
Signature Date

PERSONALLY YOURS STAFFING

APPLICANT ACKNOWLEDGMENT & RELEASE PLEASE READ CAREFULLY BEFORE SIGNING

CONDITIONS OF EMPLOYMENT

- I understand that if hired by Personally Yours Staffing I am subject to a 90-day probation period. Continued employment, both during and after my probation period, is for an indefinite period of time. I understand that my employment with Personally Yours Staffing is at will and may be terminated at any time with or without cause. I also understand that the conditions below do not constitute a contract of employment between Personally Yours Staffing and me. **INITIALS** _____
- I will not accept any work directly from a Personally Yours Staffing client to which I have been previously assigned for a period of 6 (six) months without prior written consent from Personally Yours Staffing. **INITIALS** _____
- I understand that I am required to call a representative of Personally Yours Staffing for a new assignment each time an assignment ends. I understand that I must report for reassignment upon conclusion of each assignment, regardless of the duration of the assignment, and failure to do so my result in the denial of my unemployment benefits. If I am not reassigned immediately, I must call at least every other day for reassignment. **INITIALS** _____
- I understand that my rate of pay may change with each assignment.
- I understand that Personally Yours Staffing is a temporary service and cannot guarantee me a set number of hours.
- I understand and agree that Personally Yours Staffing may verify all or any part of the information contained in this application. I understand that this verification may include an inquiry into my credit history, motor vehicle driving record, criminal and civil records as well as other public record information. I authorize the release of such information as may be necessary to verify the information I have provided. I release and hold harmless from all liability any individual or entity requesting or supplying information with respect to my application for employment. Furthermore, I acknowledge that Personally Yours Staffing may release such information to its client companies to which I may be referred.

DRUG FREE WORKPLACE

JOB APPLICANT AUTHORIZATION AND ACKNOWLEDGEMENT

I have had the opportunity to read a summary of the Personally Yours Staffing Drug Free Workplace Policy and a summary of drugs that may alter or affect a drug and/or alcohol test. I have had an opportunity to have all aspects of this material explained. I understand that the full text of the Personally Yours Staffing Drug Free Workplace Policy is available upon request. I also understand that I must abide by the Policy as a condition of employment and any violation may result in disciplinary action up to and including discharge.

Further, I understand that during my employment I may be required to submit testing for the presence of drugs and/or alcohol, I understand that submission to such testing is a condition of employment with Personally Yours Staffing, and disciplinary action, up to and including discharge, may result if:

- 1) I refuse to consent to such testing,
- 2) I refuse to execute all forms of consent and release of liability as are usually and reasonably attendant to such examinations,
- 3) I refuse to authorize release of the test results to Personally Yours Staffing
- 4) The tests establish a violation of Personally Yours Staffing Drug Free Workplace Policy,
- 5) I otherwise violate the policy.

If I am injured in the course and scope of my employment and test positive, I forfeit my eligibility for medical and indemnity benefits under the Worker's Compensation Act upon exhaustion of the remedies provided in Florida Statute 440.102(5).

Certain Companies, at whose location(s) an employee is assigned, require all employees to be tested before beginning work. Any Personally Yours employee choosing not to accept assignments where such tests are required will not be adversely treated in regards to other assignments, which do not require testing. However, any employee who accepts an assignment with Personally Yours Staffing at a Company requiring drug testing will be terminated if test results are positive.

I hereby acknowledge that I have read and understood the above Conditions of Employment and understand that failure to comply with any policy or Condition of Employment, including Personally Yours Drug Free Workplace, as described will result in termination of employment. I also understand that the above conditions are not intended to constitute a contract between Personally Yours Staffing and me.

Signature

Date