



EMPLOYMENT POLICIES, CONSENT AND RELEASE FOR BACKGROUND INFORMATION

In consideration of my employment, I agree to conform to the rules and regulations of Finish Line Staffing, LLC (“the Company”) and agree that my employment and compensation can be terminated with or without cause and with or without notice at any time at the option of either the Company or me. I understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the Company. I understand that no representative of the Company, other than the Company’s President has any authority to enter into any contract or agreement contrary to the foregoing.

EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

FINISH LINE STAFFING, LLC (the “Company”) is committed to equal employment opportunities for all qualified persons, without regard to race, color, ancestry, national origin, sex, disability, age, or any other legally protected reason. This applies to all employment practices, including hiring, promotions, training, disciplinary action, pay, termination and benefits.

WORKPLACE SECURITY POLICY, SEARCH AUTHORIZATION AND CONSENT

The Company’s policy and the policy of its customers are to provide a safe workplace environment for employees. The unauthorized possession on the premises of the Company or a Company customer of any capable of inflicting bodily harm or death to another person or to damage property is strictly prohibited.

EMPLOYMENT-AT-WILL

The relationship between the Company and its employees is one of employment-at-will. This means that either the Company or the employee has the right to terminate the employment relationship at any time, with or without cause, for any reason or no reason. This employment-at-will relationship may not be modified by any oral or implied agreement to the contrary.

I understand that nothing in this Application alters or changes my employment-at-will status. I also recognize that the Company, at its sole discretion, may add to, revoke, or modify the policies, practices and procedures contained herein.

UNEMPLOYMENT-AT-WILL

Since the relationship between the Company and the employees is one of employment-at-will, I understand that employment by the Company commences when I am assigned to a Company customer and I begin working at the customer's premises or job site. The employment-at-will relationship with the Company is terminated and I have voluntarily quit employment with the Company if I fail to report to the

Company for work the morning after the conclusion of a work assignment at the appointed time. If I fail to report to work at the appointed time the morning following completion of a daily work assignment, I understand and agree that I will have voluntarily quit and forfeited any and all rights I may have to unemployment compensation benefits.

ALCOHOL AND DRUG ABUSE POLICY; AUTHORIZATION AND CONSENT

In accordance with The Drug-Free Work Place Act of 1988 and this policy, the Company is committed to maintaining a workplace that is free from the use of illegal drugs or use or abuse of alcohol. The Company will not tolerate the unlawful use or possession of alcohol and controlled substances on its premises or a customer's premises or job site or allow persons "under the influences" or appearing to be "under the influence" to work. To assure compliance with this policy, and in addition to any requirements of law or regulations, all applicants may be subject to pre-employment drug testing and all current employees are subject to reasonable suspicion, post- accident, periodic random and customer requested periodic random urine drug and/or breath alcohol testing as a condition of initial and continuing employment.

1. If you have agreed to take a drug test and are taking a drug prescribed by your attending physician, please notify the Office Manager immediately and document your authorized use, including a true and correct copy of the prescription, the date of its issuance and the name of your physician.
2. Reasonable suspicion drug and/or alcohol testing will be performed in the event of an accident or whenever a member of management of the Company or the customer makes observations which give that person reason to believe that your appearance or behavior may indicate the use of drugs or alcohol. Examples of such appearance or behavior include, without limitation, the odor of alcohol, marijuana or other illegal drugs and speech patterns consistent with such use.
3. Drug and/or alcohol testing will be performed only with your written consent.
4. If you suspect that coworker is violating this policy, it is your responsibility to report such activity immediately to a member of management of the Company. Such report will remain confidential.
5. By you acknowledge of this policy, you agree that you will hold all parties involved in the collection and analysis of your specimen, harmless, meaning that you will not sue or hold them responsible for any claims that you may have against any one or more of them, including, without, interference with your obtaining or continuing employment. A photocopy or facsimile of this authorization may be released to the facility selected by the Company from time to time to conduct the testing and analysis.
6. I specially authorize any physician, medical practitioner, or health care facility to release the results of any drug/alcohol test to the Company or its legal representative.

SEXUAL AND OTHER UNLAWFUL HARASSMENT POLICY

Unwelcome sexual advances, requests for sexual favors and other physical, verbal, or visual conduct based upon a sex may constitute sexual harassment, a form of illegal sex discrimination prohibited under

state and federal law. This conduct is unlawful when submission to the conduct is an explicit or implicit term or condition of employment, submission to the conduct is an employment decision or the conduct has the purpose or effect of unreasonably interfering with an individual's work performance.

If you experience any job-related harassment described above or believe that you have been treated in an unlawful, discriminatory manner, promptly report the incident to your local supervisor of Human Resources department at 502-690-5141, who will investigate the matter and take appropriate remedial action against the offending employee or address the issue with the customer, if the alleged harassment is by a customer's employee. Your complaint must be set forth in writing and contain sufficient facts to enable the investigator to conduct a meaningful inquiry into the facts and circumstances surrounding your complaint. Interviews may be conducted with the parties involved, supervisors and any other employees or involved parties who may be able to provide meaningful and reliable information. Interviews and other investigatory activities will be conducted with the utmost discretion and respect for the privacy of all parties. Except as otherwise required to conduct the investigation, your complaint will be kept confidential to the maximum extent possible.

The company prohibits any form of retaliation against any employee for filing a bona fide complaint under this policy or for assisting in a complaint investigation and any person to have retaliated or threatened to retaliate will be subject to immediate disciplinary action, including termination. However, if after investigation, the Company determines that the complaint was not bona fide and was not made in good faith or that an employee provided false information regarding the complaint, disciplinary action may be taken against such employee, including termination.

WORKER'S COMPENSATION; RELEASE OF THE COMPANY'S CUSTOMERS

The Company provides worker's compensation insurance coverage for all employees who sustain a workplace accident, injury or illness. Consequently, employee agrees that if employee suffers a workplace injury or illness while providing services to the Company or a Company customer, employee's sole and exclusive remedy will be worker's compensation benefits through the Company. Employee understands and agrees to waive any and all claims employee may have against the Company customer where employee is assigned arising out of or related to accidents, injuries or illness suffered while providing services so long as such injuries or illness are covered by the state's workers' compensation statutes.

Report every injury or accident, no matter how minor to your Supervisor IMMEDIATELY.

INSURANCE FRAUD

Any person, who files an oral or written statement of claim containing any false or misleading information, knowingly and with intent to injure, defraud, or deceive any employer, or insurance company, is guilty of a felony of the third degree. The Company will prosecute fraud.

SAFETY EQUIPMENT

Employee understands that safety equipment may be required while on the job. If employee does not have the appropriate safety items and/or tools, the Company may provide such items as are necessary and appropriate to perform the job. Employee understands that employee must use these safety items and that failure to do so may affect worker's compensation benefits should an injury occur.

MANAGED CARE MEDICAL PARTICIPATION AGREEMENT

The Company participates in a Managed Care Provider arrangement for the treatment of all work-related illness, accidents or injuries. If employee is injured or becomes ill while employed by the Company, employee agrees to use as employee's exclusive medical providers those hospitals, clinics, physicians, specialist and other related or necessary medical professionals enrolled in this Managed Care Network and/or the Managed Care Network, without specific approval of the Company worker's compensation insurance carrier. The Company has explained to me the Managed Care procedures, and employee understands and agrees to use these medical providers exclusively and otherwise comply with the Managed Care Network rules.

AUTHORIZATION, CONSENT AND RELEASE FOR BACKGROUND INFORMATION

I, the undersigned, understand that in conjunction with my application for employment, FINISH LINE STAFFING, LLC (the "Company") may request and use the services of one or more outside consumer reporting agencies to research and verify the information that I have provided on my application.

Any such agency will provide a report to the Company and will utilize various sources of information it deems appropriate, including, without limitation: credit reporting agencies, motor vehicles records, criminal conviction records, current and former employers, educational records, professional the above, to the Company and the agencies selected and utilized by it.

According to the Fair Credit Reporting Act (FCRA), the Company will notify me that I may be disqualified from employment if that decision is based, in whole or in part, on information obtained by any consumer-reporting agency. Under those circumstances, I will be provided with a copy of any report provided the Company and a description of my rights under the FCRA.

LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES REQUIRE THE FOLLOWING INFORMATION FOR POSITIVE IDENTIFICATION PURPOSES WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSE. I HEREBY RELEASE THE COMPANY'S FRANCHISOR, THE CONSUMER REPORTING AGENCIES AND ALL OTHER PERSONS, AGENCIES AND ENTITIES PROVIDING INFORMATION OR REPORTS ABOUT ME FROM ANY AND ALL CLAIMS, LIABILITIES, DEMANDS, CAUSES OF ACTION AND DAMAGES OF EVERY NATURE AND DESCRIPTION ARISING OUT OF OR CONNECTED WITH THE REQUEST FOR OR RELEASE OF ANY OF THE ABOVE REFERENCED INFORMATION OR REPORTS, INCLUDING WITHOUT LIMITATION, ERRORS OR OMISSIONS.

CERTIFICATION

I certify that I have read and understand the information contained herein. I further certify that all the information submitted by me on this application is true and complete, and I understand that any false

information, omission, or misrepresentation of fact may be cause for denial of my application or, if I am employed, discharged at any time, denial of worker's compensation benefits, and/or unemployment compensation benefits. I authorize the Company to investigate my background and verify this information. I further authorize the Company to release the information contained in this Application to its customers, insurance company representatives.

I, the undersigned, acknowledge by my signature that I have been informed that I am a leased employee of the Company. I also understand that the Company, the client, or I can terminate our employment relationship at any time as I am an at-will employee of the Company. I have been informed that if my assignments end for any reason, regardless of its duration, I must report back to the Company for reassignment within 72 hours and that unemployment benefits may be denied me if I fail to do so. I agree that if at any time during my employment, I am subjected to any type of discrimination, including discrimination because of race, sex, age, religion, color, national origin, disability or marital status, or if I'm subjected to any type of harassment, including sexual harassment, I will immediately contact my local manager and/or the Company's Human Resources Department at 502-690-5141 in order to obtain immediate assistance and resolution in such matters.

Please mail us legible a copy of your driver's license or social security card. Or submit electronically here:
Driver's license _____

Social security card _____

_____ Applicant's Name

_____ Applicant's Signature

Questions? Contact us:

e: info@flstaffing.net

p: 502-690-5141

a: 11341 Decimal Drive, Louisville, KY 40299

_____ Date



FINISH LINE STAFFING, LLC DIRECT DEPOSIT AUTHORIZATION

EMPLOYEE NAME: _____

I hereby authorize Finish Line Staffing, LLC to initiate credit entries and to initiate, if necessary debit entries and adjustments for any credit entries in error to my checking/savings account indicated below and the depository named below, herein after called depository, to credit and/or debit the same to such account.

Type of Account: ___ Checking ___ Savings

Name of Bank: Account Number: Routing Number:

Funds transferred by electronic transmission normally post to accounts in two to three working days after the payroll is processed. Employees remains responsible for verifying that the funds are deposited, clear and are available prior to writing checks or debiting account versus any automatically transmitted amount. Please allow one to two weeks for initial set up (One week's notice for any changes)

This authority is to remain in full force and effect until Finish Line Staffing has received written notification from me of its termination in such time and in such manner as to afford Finish Line Staffing and depository a reasonable opportunity to act on it.

Please mail us a voided check or copy of a check for direct deposit. Or submit electronically here

Signature: _____ Date: _____