



SES Riskco, Inc. dba Southeast Staffing  
 551 S Apollo Blvd, Suite 206  
 Melbourne, Fl. 32901 321-727-3261  
 www.southeaststaffing.com

It is the policy of Southeast Staffing to provide equal employment opportunity to all qualified applicants without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

**SECTION 1**

**PERSONAL INFORMATION**

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_\_

**Social Security #:** - - - **Date of Birth:** \_\_\_\_\_ **Gender:** M F

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Emergency Contact Number:** \_\_\_\_\_

**Education Level:** HS/GED A B M P **Email Address:** \_\_\_\_\_

**Ethnicity:** White Black/African Hispanic/ Asian/Asian American Indian/ Hawaiian Other/None  
 Causasion American Latino Indian Alaskan Native Pacific Islander Provided

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. Southeast Staffing is hereby authorized to conduct any investigations of my prior educational and employment history. Southeast Staffing is also hereby authorized to conduct a criminal background check.

I understand that employment at Southeast Staffing is "at will" which means that either I, tSoutheast Staffing or the client company can terminate the employment arrangement at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of this company, other than the president, has any authority to alter the foregoing.

I understand that if employed there may be times when Southeast Staffing will need to deduct monies from my paycheck for repayment of cash advances, repayment for lost or damaged property belonging to Southeast Staffing, repayment for lost or damaged property belonging to a Southeast Staffing client or reimbursement to Southeast Staffing, for any and all manual checks that may be issued as the result of payroll errors. I give Southeast Staffing permission to deduct monies that may be owed by me to either company and/or one of their clients.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**SECTION 2 - Compensation and Hire Information (To be completed by Supervisor):**

**Client :** \_\_\_\_\_

**Original Date of Hire:** \_\_\_\_\_

**WC Class Code:** \_\_\_\_\_

**Rate of Pay:** \_\_\_\_\_ **Hourly** **Salary** **Commission**

**Employment Type:** **Full Time (>30 hrs per week)** **Part Time (<30 hrs per week)**  
**Variable Hour Employee (cannot determine)** **Seasonal Employee**



**SAFE WORKING PRACTICES ACKNOWLEDGEMENT**

As a condition of acceptance by Southeast Staffing as an employee

(Print full name):

Do hereby agree to comply with the following safe working practices:

1. I agree to follow all safety requirements, procedures and practices, including but not limited to those imposed or recommended by, any government entity, OSHA, Client Company, Southeast Staffing, or any other entity without exception.
2. I agree to report any work-related accident, or injury, to my supervisor with the Client Company as soon as it occurs, along with Southeast Staffing immediately without exception.
3. If I need treatment for a work related injury, I agree to:
  - A. Notify my supervisor with the Client Company of the need for treatment.
  - B. Only go to the Client Company physicians for the initial treatment.
  - C. On the initial visit, hand carry a Medical Authorization for Treatment form to the authorized treating facility.
  - D. Notify Southeast Staffing or their workers compensation carrier when I am referred to any specialists for care or treatment.
  - E. Only go to Southeast Staffing workers compensation carrier's directed specialists for care.

I also understand that failure on my part, to follow the above procedures, could result in disciplinary action, not to exclude termination.

I agree to inform Southeast Staffing of any safety violations I encounter in the workplace.

I also understand that according to Section 440.09 (4) of the Florida Workers Compensation Law, my compensation benefits could be reduced for any injury, which occurs because of failure to follow established safety procedures.

I understand if I do not report my accident immediately my claim will be denied for lack of notice.

***Applicant's***  
***Signature:*** \_\_\_\_\_ ***Date:*** \_\_\_\_\_

NAME (Print): \_\_\_\_\_



**ACKNOWLEDGEMENT OF THE POST ACCIDENT/REASONABLE SUSPICION PROGRAM**

I understand that Southeast Staffing maintains a Post-Accident/Reasonable Suspicion Program requiring all employees to report to work in a substance free condition.

I understand the consequences of violating this policy, including my obligations under the Post-Accident/Reasonable Suspicion Policy. If I do not understand the policy, I have asked for and have received an explanation. I specifically understand that if I am injured on the job and have a confirmed positive test result; refuse to consent or submit to a drug or alcohol test; tamper with or adulterate a drug and/or alcohol specimen, refuse to authorize the release of drug or alcohol test results to Southeast Staffing, or otherwise violate this policy I may forfeit all benefits under state workers compensation and unemployment compensation laws.

Southeast Staffing is in agreement with the Federal Government that marijuana is a controlled substance and will be treated the same as any other positive test result.

I understand that as a condition of my continued employment, where reasonable suspicion of drug and/or alcohol exists, Southeast Staffing will require me to undergo substance screening by urinalysis for drugs and blood for alcohol. I hereby agree to submit to such tests including follow up rehabilitation testing and the required post-accident testing.

I further consent to the results of any such drug or alcohol tests being released to Southeast Staffing authorized representative by the Medical Review Officer (MRO). I understand that I am legally authorized to receive a copy of this consent form if requested. The results will not be released to any additional parties without my written authorization, except I acknowledge that Southeast Staffing and agents of Southeast Staffing and the testing laboratory will have access to the test results and may disclose such results to its attorneys in connection with workers compensation proceedings, and may use the test results when relevant to its defense in other civil or administrative matters.

I release any testing facility personnel and/ or physicians who have tested me from any liability arising from a release of any and all results, written reports, medical records and data concerning my tests to the appropriate Southeast Staffing I further release all Southeast Staffing officials from liability arising from the release or use of the test results.

I also understand that the Post-Accident/Reasonable Suspicion Policy and related documents are not intended to constitute a contract between myself and Southeast Staffing.

I acknowledge receipt of a copy of this policy.

*Applicant's*  
*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

NAME (Print): \_\_\_\_\_



***ACKNOWLEDGEMENT OF EMPLOYMENT RESPONSIBILITY***

I understand that employment by Southeast Staffing is at will, meaning that either I or Southeast Staffing may terminate the employment relationship at any time for any lawful reason with or without notice. I understand that the assignments I will be sent on through Southeast Staffing will vary in length and are subject to termination at any time without notice.

I also understand that neither Southeast Staffing nor any of its clients will have any further obligation to me after termination of my employment with Southeast Staffing or termination of my assignment to a Southeast Staffing client.

I promise and agree that, at no time during or after an assignment, will I use or disclose confidential information without the express prior written consent of the client and Southeast Staffing, except as necessary to perform my duties while on assignment.

I also agree that upon termination of my assignment with any client, I will return immediately to such client any and all confidential information and all other materials or documents, including computer printouts, and computer disks, belonging to such client or that contain confidential information, unless the client consents in writing to my retention of such property.

I agree to contact Southeast Staffing within 24 hours of completion of each assignment. Failure to contact Southeast Staffing may result in a voluntary quit and/or the loss of unemployment benefits. I agree to contact Southeast Staffing on a minimum weekly basis to inform them of my availability to work.

I agree to always call or leave a message when I am running late or cannot report to work for any reason. I understand to contact Southeast Staffing about these issues prior to the assignment start time. As your employer, Southeast Staffing will inform the client. Failure to contact Southeast Staffing may result in a voluntary quit and/or termination. A text message can be sent to 321-482-1417 or a voice message can be left at 321-727-3261.

I understand that I will not become a temporary of Southeast Staffing or represented by Southeast Staffing as a candidate to clients until Southeast Staffing has completed an investigative background check and found nothing that would prevent Southeast Staffing from working with me.

***Applicant's***  
***Signature:*** \_\_\_\_\_ ***Date:*** \_\_\_\_\_

NAME (Print): \_\_\_\_\_



**ACKNOWLEDGEMENT OF POLICY & PROCEDURES**

I understand that under the Americans with Disabilities Act (ADA) Southeast Staffing will make reasonable attempts to facilitate its clients compliance for any employee requesting special accommodations due to a documented disability. The accommodations must not interfere with the employees ability to perform the job duties as defined by client. The employee must provide written medical confirmation of the disability. The employee must request in writing the reason for the special accommodation. The employee must give reason why the accommodation will not interfere with defined job duties. The employee must detail the specific accommodation being asked for. The employee must detail how the accommodation will aid the employee to perform the defined job duties. Southeast Staffing and its clients reserve the right to request additional medical information and documentation from a physician of their choosing.

I understand that Southeast Staffing will not tolerate discrimination or harassment by or towards any of its internal staff, clients or temporary employees. Harassment is generally defined as unwelcome verbal or non-verbal conduct, based upon a person's protected characteristic, that denigrates or shows hostility or aversion toward the person because of the characteristic, for the purpose of creating an intimidating, hostile or offensive working environment. Harassing conduct includes, but is not limited to: epithets; slurs or negative stereotyping; threatening, intimidating or hostile acts; denigrating jokes and display or circulation in the workplace of written or graphic material that denigrates or shows hostility or aversion toward an individual or group based on their protected characteristic.

Sexual harassment includes: unwelcome or unsolicited sexual advances; displaying sexually suggestive material; unwelcome sexual flirtations, advances or propositions; suggestive comments; verbal abuse of a sexual nature; sexually oriented jokes; crude or vulgar language or gestures; graphic or verbal commentaries about an individual's body; display or distribution of obscene materials; physical contact such as patting, pinching or brushing against someone's body; or physical assault of a sexual nature.

**Reporting:**

Any company employee who feels that he or she has been harassed or discriminated against, or has witnessed or become aware of discrimination or harassment in violation of these policies, should bring the matter to the immediate attention of his or her supervisor, any member of the Southeast Staffing internal staff or Peri Campbell, President. Southeast Staffing will promptly investigate all allegations of discrimination and harassment, and take action as appropriate based on the outcome of the investigation. An investigation and its results will be treated as confidential to the extent feasible, and the company will take appropriate action based on the outcome of the investigation. No employee will be retaliated against for making a complaint in good faith regarding a violation of these policies, or for participating in good faith in an investigation pursuant to these policies. If an employee feels he/she has been retaliated against, the employee should file a complaint using the procedures set forth above.

**Applicant's**  
**Signature:** \_\_\_\_\_ **Date:** 06/17/2019

**NAME (Print):** VALERIE \_\_\_\_\_ PIAZZA \_\_\_\_\_