



Application Addendum

Name: _____ Social Security #: _____

(Please read and check the appropriate box for each of the 12 employment guidelines)

1. I agree not to publish, disclose or utilize any confidential information of HR Associates Personnel Service (HRAPS) or any clients of HRAPS where I am sent to work. I will also assign and disclose to HRAPS's client any invention conceived, produced, & perfected during my working hours for such client. I will also relinquish all claims so client may obtain necessary patents and copyrights to this invention.
2. I understand that I am required to work a predetermined amount of (Evaluation) hours before I can be hired by a HRAPS client. I understand that I cannot return to that client on my own for a period of 6 months after the ending of my employment with HRAPS. This applies only to clients that I have worked for through HRAPS.
3. I will not solicit or accept any employment with the clients of HRAPS without prior written authorization from HRAPS.
4. I understand that if I accepted an assignment through HRAPS, I am required to report to work every day on time & work the schedule hours as described to me.
5. Your (HRAPS) employment of me may be terminated by you at any time without any liabilities to me, except for wages and salary I have earned by the date of such termination.
6. **(NOTE)** I understand that if I do not report to an assignment as scheduled, or quit the assignment for any reason without giving the minimum required 24 hour notice to HR Associates Personnel Service, my pay rate will be reduced to the prevailing, legal Ohio minimum wage for my last full week of work. I also understand that I will no longer be eligible for future placements.
7. I understand that if I am released from an assignment due to an attendance issue, HRAPS will terminate my application and I will no longer be eligible for future placements.
8. Any criminal or violent acts towards HR Associates employees, clients, or the client's workforce will result in my immediate discharge.
9. I understand that if I refuse (2) assignments, my application for employment will be discharged.
10. I understand that I **MUST** notify HR Associates Personnel Service immediately if I am injured on assignment with a client. Regardless of how minor or major the injury is, prior to medical treatment. If I do not, it may result in a worker's compensation claim being denied, ultimately, putting all liability and responsibility of payment (Medical Bills) on myself. This also includes testing positive for a post-accident drug screen. My application of employment will automatically be discharged and my claim will be denied.
11. I agree, if employed by HR Associates Personnel Service, that if I ever make claims against HRAPS for personal injuries, upon request, I shall submit to a 10-panel drug screen and examination by physicians of your selection.
12. I understand that if I am required to take an pre-employment drug screen and fail by testing positive, I will no longer be eligible for employment with HRAPS or any of their clients.

Do you have any limitations that would prevent you from lifting, twisting, bending, stooping, kneeling, and squatting during your shift? If yes, please list them below.

Signature: _____ **Date:** _____ (Signing this electronically by your Social Security No. above)

We will not use the information on this application to discriminate against any individual with respect to his/her compensation, terms, conditions, or privileges of employment because of race, color, religion, sex, age, national origin, or physical handicap.