





**ADVANCED INDUSTRIAL SERVICES**  
*Division of the Advanced Companies*  
 601 Cien Street, Suite 130A  
 Kemah, Texas 77586

**VII. PRESENT OR LAST EMPLOYER**

From / / To / /	Company Name	Phone Number
Supervisor's Name	Address	Type/Business
Supervisor's Title	City/State/Zip	Salary/Start \$ Finish \$
Position Held Job Beginning	Job Ending	No. Personnel Supervised Bonus \$
Job Description/Responsibilities		
Reason For Termination		

**VIII. PREVIOUS EMPLOYER**

From / / To / /	Company Name	Phone Number
Supervisor's Name	Address	Type/Business
Supervisor's Title	City/State/Zip	Salary/Start \$ Finish \$
Position Held Job Beginning	Job Ending	No. Personnel Supervised Bonus \$
Job Description/Responsibilities		
Reason For Termination		

**IX. PREVIOUS EMPLOYER**

From / / To / /	Company Name	Phone Number
Supervisor's Name	Address	Type/Business
Supervisor's Title	City/State/Zip	Salary/Start \$ Finish \$
Position Held Job Beginning	Job Ending	No. Personnel Supervised Bonus \$
Job Description/Responsibilities		
Reason for Termination		



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**X. MILITARY**

Branch Of Service	Period Of Active Duty	Rank At Discharge	Date Of Discharge

Duties And Special Training

**XI. PERSONAL REFERENCES (FRIEND/NEIGHBOR)**

Name	Home Phone	Business Phone

**SECTIONS XII, XIII, XIV, XV, AND XVI FOR OFFICE USE ONLY**

**XII. BACKGROUND CHECK RESULTS**

Source	Result	Consultant

**XIII. REFERENCE CHECK RESULTS**

Reference	Result	Consultant

**XIV. RESULTS AND SCORES**

Test	Basic	Intermediate	Advanced	Overall	Remarks

**XV. W4 INFORMATION**

Marital Status <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Single	No. Of Dependents
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**XVI. CLASSIFICATION/CODES**

Overall Classification	Skill Codes	SIC Codes	Keywords



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**XVII. AUTHORIZATION FOR RELEASE OF INFORMATION AND ACKNOWLEDGEMENT OF DRUG POLICY**

In connection with my employment/application for employment with this company, I fully understand this release acknowledges that this company may at any time while I am employed, conduct a public record/research report containing information for verification of prior employment, academic achievement, and financial history, use of a motor vehicle, general background and personal character. In connection with an offer of employment this company may request a post job offer medical inquiry and/or examination for purposes of establishing and verifying the performance of essential job functions, with and without reasonable accommodation. This release shall include but not be limited in its scope or purpose for reasons of business necessity.

I authorize and request all persons, schools, businesses, corporations, credit bureaus, courts, law enforcement, armed forces, employment commissions and all government agencies to release said information without restrictions or qualification. I authorize and request all health care providers or hospitals to release said information for verification of a post job offer medical inquiry, if required, to the company health care provider. I voluntarily waive all recourse and release the requested parties from liability for complying with this request/release.

All background information obtained shall be utilized to assist in verification of the employment application, and post job offer medical inquiry. Retrieval and usage of this information complies with all E.E.O.C, (Equal Employment Opportunity Commission), A.D.A. (Americans with Disabilities Act), and F.C.R.A. (Fair Credit Reporting Act) Laws, Rules and Regulations. This company is an Equal Opportunity Employer and does not discriminate as to race, color, gender, national or religious origin, age, sex or Americans with Disabilities. I hereby declare that the answers to the questions on my application and any attachments to same are true and correct and that any misstatement or fact or omission may form the basis for rejection of my application or for my dismissal after employment.

I have read or had read to me the company Substance Abuse Policy and acknowledge this Policy as a condition of my employment. I further understand and agree that at such time or times prior to or during my employment, as this company shall require, I will provide urine, breath or blood specimens to be tested for the presence of drugs or alcohol I agree to comply with all the requirements of the company and any federal state or local laws and rules governing the use or abuse of drugs and controlled substances. I acknowledge the company prohibits the presence of illicit substances in the employee's system while on the job. I further understand that at the time of any such examination I will be required to execute all forms of consent and release of liability as are usual and responsible.

I authorize a photo-static copy of this release to be considered as effective and valid as the original. I authorize, the designated research and testing agencies and labs to include health care providers, to provide the results of said information to this company or its representatives. All results will be proprietary and kept confidential and will not be provided to any parties other than representatives of this company, its legal representatives, and when applicable, to representatives of a client company where an offer for a job position has been made. I am aware that I have the right to request the nature and scope of the results reported. I further release this company and the designated agencies, their officers, employees and agents from any and all liabilities arising from the results and preparation of any reports concerning my background or myself. **I further acknowledge that I am to provide complete and accurate information** I have read or had read to me this release form and I understand, consent, and agree to authorize the execution of this release in full by my signature this date.

Signature	Date	Witness
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**XVIII. PAYDAY PROCEDURE AND POLICY**

Use a separate time card for each assignment (or for each week in a long assignment). Accurately complete each section of the time card, have the supervisor check the hours worked, and obtain the supervisors signature.

**No check will be issued without your signature and your supervisors signature. It is the responsibility of the temporary employee to fill out their time card and turn it in for processing. Failure to provide all the necessary information will result in delayed processing of your check. All time cards without the required signatures will be processed on next weeks payroll.**

Time cards must be received in Advanced Employment Solutions office by Monday at 12 pm. Checks may be picked up at Advanced Employment Solutions office on Friday from noon to 4pm. If you do not pick up your check, it will be mailed from our office the following Monday evening. If you wish to authorize someone other than yourself to pick up your check, you must provide a written consent authorizing Advanced Employment Solutions to release your check to that person. This consent must include your name, social security number, the name of the person picking up the check, and your signature. If you request for someone to pick up your check on a regular basis, you may complete a form that will be maintained on file in Advanced Employment Solutions office. If you have any questions regarding your paycheck, benefits, or any other item/matter, please contact your Personnel Consultant. **Please be aware that the intentional reporting of time not actually worked to benefit yourself or another is fraud and not only is cause for termination, but subject to penalty under criminal law.**

I have read and understand the above information. I swear that all information is true and correct to the best of my knowledge. Any false statement can result in my termination.

Signature	Date
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## ADVANCED INDUSTRIAL SERVICES

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### COMPANY POLICIES, TERMS, AND PROCEDURES

**Advanced Industrial Services** is an “at-will” employer. That means either the employer or employee can terminate the employment without notice and for any reason or for no reason. Nothing in this document changes that in any way.

Nothing in this document offers or creates an employment contract. Your compliance with AIS policies is a condition of employment and “active” status but does not guarantee your continued employment.

Although this document lists the reasons for disciplinary action up to and including termination, it does not list all possible grounds for termination. Therefore, merely avoiding the reasons for termination set forth in this document, does not convert your “at-will” employment into employment terminable only for cause.

#### **Employment Agreement**

As an employee of Advanced Industrial Services it is unethical and a violation of company policy for you to accept a position from any one of our clients or their subsidiaries for a period of six months without obtaining a prior written release from Advanced Industrial Services This extends to anyone we have introduced you to via telephone or in person for the purpose of obtaining temporary, contract, or permanent employment.

#### **Zero Tolerance Policy**

AIS has a Zero Tolerance for any employee participating in provoking, initiating, or contributing to negative comments about coworkers. Verbal abuse of co-workers, disrespectful behavior towards coworkers or any disruptive behavior at an assignment or here in the office is strictly forbidden. Prohibited behaviors include unwarranted criticism, and any conduct which is contrary to common decency or which is liable to incite, provoke, or discriminate against any one for any reason. Any employee determined by AIS management to be involved in such misconduct is subject to immediate termination.

If you feel subject to any type of abuse or discrimination you should not attempt to retaliate personally, but you should speak immediately to management at AIS.

#### **Substance Abuse Policy**

AIS prohibits the manufacture, distribution, dispensing, possession, or use of alcoholic beverages, illegal drugs, or controlled substances while in the workplace.

The majority of our clients require that candidates pass a drug screen before they are considered for employment. Also, all AIS employees are subject to random drug testing once they are on assignment. Our drug testing policy for random drug testing and drug testing because of suspicion are as follows:

- When asked to take the drug test employees must report to the drug testing facility immediately. (Management, taking into consideration the employee’s location, will determine the exact time frame and average commute time to the testing facility).
- If the test is negative for controlled substances the employee should report to their current assignment without any further incident.
- If the test is positive for controlled substances the employee will be placed on immediate suspension.
- The employee will have 24 hours to provide written notice to AIS that they wish to drug test again – at THEIR expense.
- If they fail to provide this notice within 24 hours their suspension will turn into termination.
- If the employee wishes to test at their expense, and the second test is negative for controlled substances, they will be allowed to return to their current assignment without further incident whenever possible.
- If the second test is positive for controlled substances the employee will be immediately terminated.
- The employee also must notify an AIS manager within 5 day after conviction of any criminal drug statute for a violation occurring in the workplace.

#### **Safety Training**

At the Client’s request, you may be asked to take different safety training courses at the Houston Area Contractors Safety Council. Upon completion and passing you will be given a HASCS card good for one year, you will be liable for the total amount charged. This will be deducted from you paycheck. You are hereby authorizing us to draft from your paycheck.

#### **Safety Policy**

AIS endeavors to ensure that all employee assignments are in safe environments. To help us continue this tradition we ask that our employees inform us if they feel they are working in unsafe conditions and work safely at all times.

All employees need to make sure they are familiar with the standard safety practices of the company they are on assignment with. If an employee has any questions regarding safety procedures they need to ask their direct supervisor on the assignment.

If an employee is unable to get a specific question answered or feel as if they are working in unsafe conditions, they must immediately report this to an AIS manager. If an employee has an injury, they must immediately (within 24 hours) report the injury to an AIS manager and list any witnesses to the incident. They will then be required to fill out a First Report of Injury or Illness Form. Failure to provide timely, truthful information may result in denial of any Worker’s Compensation claim(s) and / or benefits.



**Workmen’s Compensation Benefit’s**

AIS reserves the right to provide, choose, and negotiate the Workmen’s Compensation Benefit’s Package on behalf of the employee and client, as it pertains to the employer/client relationship.

**Please note:**

Reference Rule 110.101 In addition to the posted notice required by subsection (e) of this section, covered and non- covered employers must notify their employees of coverage status, in writing. This additional notice:

Shall be provided at the time an employee is hired, meaning when the employee is required by federal law to complete both a W-4 form and an I-9 form or when a break in service has occurred and the employee is required by federal law to complete a W-4 form on the first day the employee reports back to duty;

(2) Shall be provided at the time the employer notifies the insurance carrier that the employer is dropping coverage if there will be a period during which the employees will not be covered;

(3) Shall be provided at the time an employer obtains coverage, as necessary to allow the employee to elect to retain common law rights

(4) Must include the text required in the posted notice; and

(5) If the employer is covered by workers’ compensation insurance, or becomes covered, whether by commercial insurance or by becoming a certified self-insurer, must include the following statement:

**NOTICE TO NEW EMPLOYEES:**

“You may elect to retain your common law right of action if, no later than five days after you begin employment or within five days after receiving written notice from the employer that the employer has obtained coverage, you notify your employer in writing that you wish to retain your common law right to recover damages for personal injury. If you elect to retain your common law right of action, you cannot obtain workers’ compensation income or medical benefits if you are injured.”

**Information Changes**

You will be expected to inform AIS of any changes in your status or personal information. In order for the change to go into effect by payday, it must be made a week in advance.

**Attendance Policy and Call In Procedures**

- Employees are encouraged to call in once a week to retain “active” status in the files.
- When on assignment you will be required to arrive no less than 10 minutes before the start of your shift.
- If you are unable to make it to work for **any** reason, you **MUST** call AIS.
- Other than illness or emergency it is required that a 24 hours notice be given to AIS prior to start of the expected work day that will be missed.
- A physician’s treatment notice maybe required to return to the worksite and the employee will supply a duplicate to AIS.
- All physician’s treatment notices that effect the employees ability to work their present position must be provided to the supervisor at the workplace and AIS within 24 hours after treatment or a reasonable time frame due to hospitalization.
- If it is before or after business hours, leave a message on the voicemail of AIS stating the date(s) you will be out, as well as the reason for your absence. This also applies to days on which you *leave early*, and *unexpected emergencies*. In addition to *notifying your supervisor at your worksite*, you are also required to **call and notify AIS**. Failure to call in will result in a no call / no show. If you receive 2 no call / no shows in a rolling 6 month period for AIS, you will be placed on “inactive status” for a period of 6 months.
- Excessive absenteeism and/or tardiness may result in disciplinary action up to and including removal from the assignment and placement on “inactive” status.
- **Issues – AIS is your employer.** If you have **any** problems or issues pertaining to anything-contact Advanced Industrial Services. **Do not** discuss anything with your supervisor until you have contacted AIS.
- When your assignment is completed or ends you must notify AIS within 24 hours by coming in to the nearest AIS office and signing the availability log book. \_\_\_\_\_ Initials
- Failure to comply with **any** and **all** Attendance and Call In procedures can or will have an impact on unemployment issues and status. This includes disqualification of benefits.

**By signing this document, you are stating that you have read, understand, and agree to abide by the policies and procedures as outlined above.**

\_\_\_\_\_  
**Employee Signature** **Date** **Witness/Employer Signature** **Date**