

FAST TEAM, LLC

Welcome to FAST TEAM, LLC!

FAST TEAM, LLC is a human resource staffing company. We have contracted with your assigned location (“CLIENT”) to provide staffing and other human resource related services. As an employee of FAST TEAM, LLC, you have the responsibility to perform a specific job at CLIENT. You will be working at CLIENT as an employee of FAST TEAM, LLC. As this type of relationship may be new to you, there are millions of Americans working under a human resource outsource arrangement.

You will be receiving your FAST TEAM, LLC Employee Handbook. Please note that CLIENT’s company policies will take precedence over FAST TEAM, LLC’s as long as they are in keeping with Federal and State laws. Please be respectful of their policies and procedures.

We look forward to your future with us, your success, and your contributions and to CLIENT. Your skills combined with our other human resource services will provide CLIENT the opportunity to focus on managing their business and enjoy continued growth and success. Our Human Resource Department and other team of associates welcome you and are available to assist you in any way we can to make your employment experience a professional and enjoyable one. If you have any questions or concerns we may address, please feel free to contact us.

Sincerely,

FAST TEAM, LLC
HUMAN RESOURCES DEPARTMENT

FAST TEAM, LLC
EMPLOYEE INFORMATION
PERSONAL INFORMATION

FOR OFFICE USE ONLY:

Position: _____

Pay Rate: _____

Please Print

DATE

LAST NAME FIRST NAME MIDDLE INITIAL

CURRENT STREET ADDRESS (_____) HOME TELEPHONE

CITY STATE ZIP CODE (_____) BUSINESS TELEPHONE

DRIVERS' LICENSE NUMBER SOCIAL SECURITY NUMBER

EMPLOYMENT INFORMATION

Position applied for: _____

Available date to begin work: _____

Are you over 18? Yes No

Are you seeking full-time or part-time: Full-Time Part-Time

Salary requirements: _____

Are you legally eligible for employment in the United States? Yes No

Are there any limitations on your working hours? Yes No

If yes, please explain: _____

Are you able to perform all of the essential duties of the job for which you are applying? Yes No

If no, please explain _____

Have you ever worked or applied for a position at our company before? _____

If yes, when? _____

Have you ever worked under a different last name than currently used? Yes No

If yes, please state name: _____

Have you ever been convicted of a crime? Yes No

If yes, indicate date(s) of conviction(s) and type(s) of offence(s): _____

Falsification, misrepresentation and/or omission of criminal conviction are grounds for refusal to hire or, if hired, for dismissal.

***Note: A conviction does not automatically disqualify an applicant for employment.**

EMPLOYMENT

In applying here for employment, it is understood that we reserve the privilege of contacting past employers regarding references.

Are you employed now? Yes No

May we contact your present employer? Yes No

Have you ever been suspended or placed on probation for performance on your job? Yes No

If yes, please explain: _____

Do you have any part- or full-time jobs that you would expect to continue during your employment here? Yes No

If yes, please describe: _____

**Please list all jobs over the past ten (10) years, beginning with your present or most recent position.
Include all self-employment, summer and part-time jobs.**

Company name:	Telephone (include area code):
Address:	Employed (month and year): From: To:
Supervisor:	Compensation: Start: Last:
Job Title:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary
Describe your work:	Reason for leaving:
Company name:	Telephone (include area code):
Address:	Employed (month and year): From: To:
Supervisor:	Compensation: Start: Last:
Job Title:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary
Describe your work:	Reason for leaving:
Company name:	Telephone (include area code):
Address:	Employed (month and year): From: To:
Supervisor:	Compensation: Start: Last:
Job Title:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary
Describe your work:	Reason for leaving:

If you need additional space, please attach a separate sheet of paper. In addition, if you have a resume, please provide a copy with this application.

EDUCATION

SCHOOL OR COLLEGE	NAME & LOCATION	NUMBER OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE/DIPLOMA
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade School			<input type="checkbox"/> Yes <input type="checkbox"/> No	

MILITARY SERVICE

Include U.S. military active duty and reserve duty.

From: _____

To: _____

Branch of service: _____

Rank: _____

Please list military occupational skills: _____

CERTIFICATION

Please read carefully. If you have any questions regarding this statement, please discuss them with a Human Resources Representative before signing.

“I certify that the information contained in this application is true and complete to the best of my knowledge and understand that falsification, misrepresentation and/or omission of information is grounds for refusal to hire or, if hired, dismissal. I authorize any persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, and/or any other information that they may have, with regard to any of the subjects covered by this application and release all such parties from all liability for any damage that may result from furnishing such information to you.”

“I agree to conform to the rules and regulations of FAST TEAM, LLC and acknowledge that these rules and regulations may be changed, interpreted, withdrawn, or added to by FAST TEAM, LLC at any time, at FAST TEAM, LLC’s sole option and without prior notice to me. I understand that this employment application and any other FAST TEAM, LLC documents are not contracts for employment, and that my employment and compensation will be employment at will and can be terminated at any time, with or without cause and with or without notice, at the option of either FAST TEAM, LLC or myself.”

“I understand that FAST TEAM, LLC may require me to undergo a pre-placement physical and drug screen test by medical staff and/or agent. I further understand that I must successfully pass the drug test to be considered for employment at FAST TEAM, LLC. I understand that medical examinations and drug screens (random, lost time accidents, and just cause) which are job-related and consistent with FAST TEAM, LLC business necessity may be required of me once I am employed. I further release FAST TEAM, LLC, including all of its officers, agents, representatives and employees from any and all claims, suits, causes of action, liability and damages associated with or arising from my submission to a drug test and/or medical examination. I also understand that FAST TEAM, LLC does maintain a restricted smoking environment.

“I acknowledge, agree and authorize FAST TEAM, LLC to obtain information and records concerning my background and qualifications for employment. I authorize any and all persons, entities, companies, consumer reporting agencies, institutions and government agencies, to release any and all information and records they may have concerning my background and qualifications for employment.

These may include, but are not limited to employment verification, driving record, social security trace, credit report, education, Workers’ Compensation and criminal reports. I understand all information received will be held in strict confidence and in strict compliance with all federal and state laws. I agree that a photographic or facsimile copy of this document shall be as valid as the original.”

APPLICANT’S SIGNATURE

DATE

APPLICANT EEO DATA FORM

The information requested is optional and is being collected for the purpose of report to Federal and Equal Employment Opportunity Agencies and will not be considered as part of the application for employment. It will be separated from the application.

1. Job Posting No.:	2. Social Security No.:	3. Last Name (Print), First Middle
4. Address:	City:	State: Zip Code:
5. Home Phone: ()	6. Work Phone: ()	7. Sex: <input type="checkbox"/> M - Male <input type="checkbox"/> F - Female
8. Ethnic Origin: <input type="checkbox"/> Asian (not Hispanic or Latino) <input type="checkbox"/> Native Hawaiian or other Pacific Islanders (not Hispanic or Latino) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Black or African American (not Hispanic or Latino) <input type="checkbox"/> White (not Hispanic or Latino) <input type="checkbox"/> American Indian or Alaska Native (not Hispanic or Latino)		
9. Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	10. Spouse of Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	11. Orphan of Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No
12. Job Category: Official or Manager <input type="checkbox"/> Executive/Senior Level Officials and Managers <input type="checkbox"/> Official & Clerical <input type="checkbox"/> First/Mid Level Officials and Managers <input type="checkbox"/> Craft Worker (Skilled) <input type="checkbox"/> Professionals (Business and Financial occupations) <input type="checkbox"/> Operative (Semi-Skilled) <input type="checkbox"/> Technicians <input type="checkbox"/> Labors (Unskilled) <input type="checkbox"/> Sales <input type="checkbox"/> Service Workers		
13. How did you find out about this job?: <input type="checkbox"/> Other State Employee <input type="checkbox"/> Newspaper <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Job Fair <input type="checkbox"/> College/University Career Day _____ <input type="checkbox"/> Professional Publication <input type="checkbox"/> Human Resource/Personnel Office <input type="checkbox"/> Recruitment Poster <input type="checkbox"/> Radio <input type="checkbox"/> Television <input type="checkbox"/> Agency Web Site - Internet		

X _____
Signature – Applicant

Date

Form W-4 (2010)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2010 expires February 16, 2011. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on his or her tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax

payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2010. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for **yourself** if no one else can claim you as a dependent **A** _____

B Enter "1" if: } **B** _____

- You are single and have only one job; or
- You are married, have only one job, and your spouse does not work; or
- Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.

C Enter "1" for your **spouse**. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) **C** _____

D Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return **D** _____

E Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above) **E** _____

F Enter "1" if you have at least \$1,800 of **child or dependent care expenses** for which you plan to claim a credit **F** _____

(Note. Do **not** include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.

- If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then **less** "1" if you have three or more eligible children.
- If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" **additional** if you have six or more eligible children. **G** _____

H Add lines A through G and enter total here. **(Note.** This may be different from the number of exemptions you claim on your tax return.) ► **H** _____

For accuracy, **complete all worksheets that apply.** }

- If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you have **more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$18,000 (\$32,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

----- Cut here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 2010
1 Type or print your first name and middle initial. Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 _____
6 Additional amount, if any, you want withheld from each paycheck		6 \$ _____
7 I claim exemption from withholding for 2010, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ►		7 _____
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (Form is not valid unless you sign it.) ►		Date ►
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional) 10 Employer identification number (EIN)

Notice to Employee

- 1. For state purposes, an individual may claim only natural dependency exemptions. This includes the taxpayer, spouse and each dependent. Dependents are the same as defined in the Internal Revenue Code and as claimed in the taxpayer's federal income tax return for the taxable year, or which the taxpayer would have been permitted to claim had the taxpayer filed such a return.
- 2. You may file a new certificate at any time if the number of your exempts **increases**.

You must file a new certificate within 10 days if the number of exemptions previously claimed by you **decreases** because:


- (a) Your spouse for whom you have been claiming exemption is divorced or legally separated, or claims her (or his) own exemption on a separate certificate.
- (b) The support of a dependent for whom you claimed exemption is taken over by someone else.
- (c) You find that a dependent for whom you claimed exemption must be dropped for federal purposes.

The death of a spouse or a dependent does not affect your withholding until the next year but requires the filing of a new

certificate. If possible, file a new certificate by Dec. 1st of the year in which the death occurs.

For further information, consult the Ohio Department of Taxation, Income Tax Division, or your employer.

- 3. If you expect to owe more Ohio income tax than will be withheld, you may claim a smaller number of exemptions; or under an agreement with your employer, you may have an additional amount withheld each pay period.
- 4. A married couple with both spouses working and filing a joint return will, in many cases, be required to file an individual estimated income tax form IT 1040ES even though Ohio income tax is being withheld from their wages. This result may occur because the tax on their combined income will be greater than the sum of the taxes withheld from the husband's wages and the wife's wages. This requirement to file an individual estimated income tax form IT 1040ES may also apply to an individual who has two jobs, both of which are subject to withholding. In lieu of filing the individual estimated income tax form IT 1040ES, the individual may provide for additional withholding with his employer by using line 5.

 please detach here



Employee's Withholding Exemption Certificate

IT 4
Rev. 12/05

Print full name _____ Social security number

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Home address and ZIP code _____

Public school district of residence _____ School district no. _____
(See *The Finder* at tax.ohio.gov.)

- 1. Personal exemption for yourself, enter "1" if claimed _____
- 2. If married, personal exemption for your spouse if not separately claimed (enter "1" if claimed) _____
- 3. Exemptions for dependents _____
- 4. Add the exemptions that you have claimed above and enter total _____
- 5. Additional withholding per pay period under agreement with employer _____ \$

Under the penalties of perjury, I certify that the number of exemptions claimed on this certificate does not exceed the number to which I am entitled.

Signature _____ Date _____

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature	Date (month/day/year)
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Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____	Document #: _____	Expiration Date (if any): _____
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.		
Signature of Employer or Authorized Representative		Date (month/day/year)

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

Documents that Establish Both
Identity and Employment
Authorization

LIST B

Documents that Establish
Identity

LIST C

Documents that Establish
Employment Authorization

OR

AND

1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	4. Voter's registration card	
	5. U.S. Military card or draft record	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
	6. Military dependent's ID card	
	7. U.S. Coast Guard Merchant Mariner Card	
	6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	8. Native American tribal document
9. Driver's license issued by a Canadian government authority		
For persons under age 18 who are unable to present a document listed above:		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	10. School record or report card	8. Employment authorization document issued by the Department of Homeland Security
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

BANK

AUTHORIZATION FOR DIRECT DEPOSIT

Your employer is offering the option of having your pay directly deposited into an account of your choosing. In choosing this option, you advise what account(s) you desire your pay to be deposited by completing and signing this form. This may be a portion or all of your pay and can be appropriated to more than one account. Your employer retains the right to cancel this option at any time for any reason and provide your pay in live check form. Should you decide to cancel this option yourself, you must advise us in writing.

I authorize my employer and the financial institution listed below to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to the account(s) listed below each payday. This authority will remain in effect until I have canceled in writing.

Change New In Addition to

PAYROLL CARD
See additional form that follows if selecting this option

CHECKING ACCOUNT Full Net Pay or \$ _____
A voided check must be attached below

SAVINGS ACCOUNT Full Net Pay or \$ _____
A statement from the bank showing information (MICR#) must be attached below

(Financial Institution)

(Name-Please Print)

(Branch)

(Account Number)

Financial Institution Routing Number: _____

(City)

(State)

E-mail Address _____

(If you are a minor, Signature of parent or legal guardian is required)

(Date)

Please attach a voided check below for checking account or a statement for the savings account.



AAP Payroll & Benefit Administration

Payroll Card Application

On your physical card, you are allowed a maximum of 26 characters for first and last name.

First Name: _____ Last Name: _____

Employee ID#: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Primary Phone: _____ Secondary Phone: _____

Date of Birth: _____ Social Security Number: _____ - _____ - _____

Unless otherwise indicated, 100% of your net paycheck will be deposited on your payroll card.

Please indicate below if you would like a specific dollar amount or different percentage:

Dollar amount to be deposited per Pay Period: _____ **OR**

Percentage to be deposited per Pay Period: _____ %

I acknowledge and understand that many services of the payroll card do not carry any fees while others, such as certain cash withdrawals from ATMs may generate fees. I understand that a fee schedule and all terms & conditions will be included with my card. I authorize my employer to deposit the amount indicated about into my PayCardUSA payroll card account. In the event that my employer deposits funds erroneously into my card account, I authorize my employer and PayCardUSA to debit my card account for an amount not to exceed the original amount of the erroneous credit. My employer and PayCardUSA have my permission to verify any of the information provided in this enrollment form.

Employee Signature** Date: _____

****IF YOU ARE A MINOR, SIGNATURE OF PARENT OR LEGAL GUARDIAN REQUIRED** Date: _____

Employee Emergency Information Form

Name: _____

Emergency Contact 1	
Emergency contact's name	
Relationship	
Address	
Phone number(s)	
Emergency Contact 2	
Emergency contact's name	
Relationship	
Address	
Phone number(s)	

EMPLOYEE ACKNOWLEDGEMENT FORM

As an employee of Fast Team, LLC, I have (initial or check all that apply):

___ read the handbook and am familiar with the information it contains.

___ read the handbook and discussed the information with my supervisor.

___ read the handbook and understand that any further questions that I have in regards to this handbook will need to be directed to my HR Department for clarification.

I have received a copy of the Fast Team, LLC Employee Handbook, and I understand that I am responsible for reading it and will comply with provisions described within.

I understand that a copy of the handbook is available to me on TagNet (www.theamericangroup.net) and I have been provided with instructions on how to access it (if applicable).

I understand that this handbook is a guide only, and that if I need further information, I can obtain it through my supervisor or any representative of Fast Team, LLC's Human Resources Department. I also realize that the policies in the employee handbook are under continual review and are subject to change at Fast Team, LLC's discretion. I further understand I will be responsible for complying with future changes in such policies, practices, and rules communicated from time to time to Fast Team, LLC's employees.

I agree to abide by CLIENT's policies and understand that any CLIENT policy will take precedent over those of Fast Team, LLC's as long as it is in compliance with applicable Federal and State law.

I further understand that this handbook is not intended in any way to create an employment contract. I understand that I have entered into my employment relationship with Fast Team, LLC voluntarily and acknowledge that there is no specified length of employment. Accordingly, Fast Team, LLC or I can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable Federal or State law.

By signing below, I acknowledge that I know where to access the employee handbook on TagNet (if applicable), and understand that it is my responsibility to read and comply with the policies contained in this handbook and any revisions made to it.

ASSIGNED CLIENT LOCATION: _____

EMPLOYEE'S NAME (printed): _____

EMPLOYEE'S SIGNATURE: _____

DATE: _____

AUTHORIZED REPRESENTATIVE (printed): _____

AUTHORIZED REPRESENTATIVE SIGNATURE: _____

DATE: _____