



Introduction to Secondary Paperwork

Dear Applicant,

Thank you very much for applying for a position at Primus Staffing Solutions, Inc. Our goal is to match you with an employer who values you and helps you grow professionally and achieve your career goals.

Legal requirements and common industry practices require us to collect some information about you for our files and ensure that you are aware of key company policies that you agree to abide by. The attached forms, once filled out, will become the property of Primus Staffing Solutions and will be treated as confidential. Be aware, however, that we may disclose parts of those records to prospective employers as required for employment consideration.

We encourage you to read the documents in this package in their entirety. When completed, this packet can be emailed or faxed to our office. Please be informed that we may need to collect other documents, such as your driver's license, proof of authorization to work in the United States, resume, etc.

We are welcoming you in our team and we are looking forward to receiving the completed paperwork. Please call our office if there are any questions.

Name (please print): _____

Employee Signature: _____ Date: _____



EMPLOYEE'S EMERGENCY CONTACTS

Employee Name: _____

Date: _____

Emergency Contact #1

Name: _____

Relationship: _____

Address (Optional): _____

Home Phone: _____

Cell Phone: _____

E-Mail (Optional): _____

Emergency Contact #2

Name: _____

Relationship: _____

Address (Optional): _____

Home Phone: _____

Cell Phone: _____

E-Mail (Optional): _____

Emergency Contact #3

Name: _____

Relationship: _____

Address (Optional): _____

Home Phone: _____

Cell Phone: _____

E-Mail (Optional): _____



EMPLOYEE CERTIFICATION

As an employee with Primus Staffing Solutions, I take full responsibility for my duties and conduct myself in a professional, safe, and courteous manner. To help ensure that this occurs:

1. I certify that I have received the Employee Handbook (in hard or electronic copy) and will read and familiarize myself with its contents. I understand that the Branch Manager will answer any questions I may have regarding the contents of the document.
2. I understand that the policies in the Employee Handbook are intended for guidance only and may be unilaterally changed or amended by Primus Staffing Solutions without notice.
3. I further understand that the Employee Handbook does not create a contract of employment, but rather **my employment is on an at-will basis**. As such, I am free to resign at any time and Primus Staffing Solutions may end my employment at any time, for any reason or no reason at all, with or without notice.

I further agree to follow the policies and procedures outlined below:

- ◆ I understand the Primus Staffing Solutions payroll procedures and cycle. **I further understand that I will not be paid until/unless I turn in a timesheet, by noon on Monday of each week, which has been signed or initialed by the customer for each shift worked, if so required.**
- ◆ I understand that I must be **dressed appropriately in neat and clean clothing**. In most cases, this will include wearing clean and professional attire, closed toe shoes, appropriate undergarments, and limited jewelry.
- ◆ **I will not actively seek or accept employment with a Primus Staffing Solutions client at the exclusion of Primus Staffing Solutions, nor will I accept any form of payment directly from a client.** I further understand that accepting employment with a Primus Staffing Solutions client, in which I was placed on an assignment, can result in monies owed to Primus Staffing Solutions by the client and me up to \$5,000.
- ◆ If I am unable to report to work or if I will be late, I will call the Primus Staffing Solutions office **at least four (4) business hours prior to the start of my assignment**. Failure to do so may be cause for termination of employment. If I do not report to work for three consecutive days and fail to call with an explanation, my action will be considered a "voluntary quit".

- ◆ I understand the importance of safety on the job to others and myself. I understand that violating safety rules could result in my termination from Primus Staffing Solutions.
- ◆ I understand that the sale or use of drugs and/or intoxicating beverages while on a Primus Staffing Solutions assignment is strictly prohibited. I understand that I may be checked for drugs and/or alcohol if I am injured on the job and will go to a medical facility for treatment.
- ◆ If I am injured while on assignment, I will report the injury to my Branch Manager immediately.
- ◆ I know that when my assignment ends, it is my responsibility to contact my Staffing and Service Coordinator for another assignment.
- ◆ I understand that **switching shifts** with other Primus Staffing Solutions employees without prior authorization from Primus Staffing Solutions staff approval is **not permitted** and may be cause for termination of my employment with Primus Staffing Solutions.
- ◆ I understand that if I call off from two (2) or more consecutive shifts (days) for medical reasons, I must provide a doctor's clearance to work again, prior to future scheduling of shifts.
- ◆ I understand that **frequent tardiness** for scheduled shifts will result in customer requests not to schedule me on future assignments with them. This can result in termination of employment with Primus Staffing Solutions.
- ◆ I understand that Primus Staffing Solutions cannot control customer cancellations of shifts assigned.
- ◆ **I will limit telephone/cell phone usage to Primus Staffing Solutions or their client's business and emergency use only.** If I need to take a call or a make a call, it must be done in a manner that does not distract from my work with the client.
- ◆ I understand that I should use only appropriate language in the presence of clients and others associated with my work. Use of inappropriate language is unprofessional.
- ◆ I will treat every client and co-worker with the utmost respect and courtesy. As a professional, that includes cleaning up my workspace if requested.

Employee Name (Please print)

Employee Signature

Date



Employee Confidentiality Agreement

Any information concerning a person's illness, family, financial or personal information is strictly confidential.

Any company's trade secrets, financial information, or any other information not publicly disclosed by them is strictly confidential.

Disclosure of confidential information gained through your is prohibited and this conduct will be subject to disciplinary action, up to and including termination.

Any other information coming to you in the course of your work concerning another person or employee is also considered confidential and may not be discussed with anyone.

Disclosure of your password(s) to any company computer account is strictly prohibited and violations of this policy are subject to disciplinary action, up to and including employee termination.

Date: _____

Print Name: _____

Signature: _____



Non-Disclosure Agreement

The undersigned party ("Employee") understands that Primus Staffing Solutions, Inc. or their clients ("Employer") has disclosed, or may disclose, information relating to the Employer's business, including, without limitation, computer programs, technical drawings, algorithms, forms, trade secrets, know-how, formulas, processes, ideas, inventions (whether patentable or not), schematics and other technical, business, financial, or customer information, product development plans, forecasts, strategies and other information, which is hereinafter referred to as "Proprietary Information" of the Employer. In consideration of the parties' discussions and any access of the Employee to Proprietary Information of the Employer, the Employee hereby agrees as follows:

1. The Employee agrees: (i) to hold the Employer's Proprietary Information in confidence and to take reasonable precautions to protect such Proprietary Information, including, without limitation, all precautions the Employee employs with respect to its confidential materials, (ii) not to divulge any such Proprietary Information or any information derived therefrom to any third person, (iii) not to make any use whatsoever at any time of such Proprietary Information except to evaluate internally its relationship with the Employer or to perform its work assignments, (iv) not to copy or reverse-engineer any such Proprietary Information, and (v) not to export or re-export (within the meaning of U.S. or other export control laws or regulations) any such Proprietary Information or product thereof.
2. Immediately upon a request by the Employer at any time the Employee will turn over to the Employer all Proprietary Information of the Employer and all documents or media containing any such Proprietary Information and any and all copies or extracts thereof. The Employee understands that nothing herein (i) requires the disclosure of any Proprietary Information of the Employer or (ii) requires the Employer to proceed with any transaction or relationship.
3. The Employee acknowledges and agrees that due to the unique nature of the Employer's Proprietary Information, there can be no adequate remedy at law for any breach of its obligations hereunder, which breach may result in irreparable harm to the Employer, and therefore, that upon any such breach or any threat thereof, the Employer shall be entitled to appropriate equitable relief in addition to whatever remedies it might have at law.
4. In the event that any of the provisions of this Agreement shall be held by a court or other tribunal of competent jurisdiction to be illegal, invalid or unenforceable, such provisions shall be limited or eliminated to the minimum extent necessary so that this Agreement shall otherwise remain in full force and effect.
5. This Agreement shall be governed by the law of the State of California without regard to the conflicts of law provisions thereof.
6. This Agreement supersedes all prior discussions and writings and constitutes the entire agreement between the parties with respect to the subject matter hereof.

7. The prevailing party in any action to enforce this Agreement shall be entitled to costs and attorneys' fees.

8. No waiver or modification of this Agreement will be binding upon a party unless made in writing and signed by a duly authorized representative of such party and no failure or delay in enforcing any right will be deemed a waiver.

Employee Name (please print): _____

Employee Signature: _____ **Date:** _____



Employee Conflict of Interest Statement

I understand that I am expected to avoid, and if that is not possible, to disclose any affiliations or situations that may pose an apparent or implied conflict of interest.

1. I have read the company Conflict of Interest policy and I agree to observe it.
2. Therefore, I shall:
 - A. Act in the course of my duties solely in the best interests of the organization without consideration to the interests of any other agency, organization, or association with which I am associated, and refrain from taking part in any transactions detrimental to the interests and values of Primus Staffing Solutions.
 - B. Disclose any material, financial, or other interest in any entity engaged in the delivery of goods or services to Primus Staffing Solutions or its members.
 - C. Refrain from utilizing any inside information as to the business activities of Primus Staffing Solutions for the benefit of myself, my immediate families, or any entity with which I may be associated.
 - D. Commit not to engage in serving the organization's clients in any way that excludes Primus Staffing Solutions or accept money directly from them. I understand that violating this policy may make me subject to termination.

Employee Signature: _____ Date: _____

Employee Name: _____ (please print)



BACKGROUND SEARCH AUTHORIZATION & FAIR CREDIT REPORTING ACT DISCLOSURE

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PRIOR ADDRESS (if at above address for less than 5 years): _____

FORMER NAMES (INCLUDING MAIDEN NAMES): _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

DRIVER LICENSE NUMBER: _____ STATE: _____

I voluntarily consent to and authorize Primus Staffing Solutions, herein referred to as Company, and /or their assigned agents, associates, or consumer reporting agencies to request and receive any criminal background reports, consumer reports, investigative consumer reports containing information as to my character, general reputation, personal characteristics and mode of living, or information concerning me as part of the pre-employment background review process. Reports requested may include any of the following: Law Enforcement Records, Criminal Records, Civil Records, Motor Vehicle/Driving Records, Credential Verification, Employment Verifications, Past Employment Verifications, Education Verifications, Reference Checks, Military Service Verifications, and Consumer Credit Reports in accordance with the provisions of the Fair Credit Reporting Act and similar State laws.

I authorize any persons, organizations, companies, corporations, consumer reporting agencies, courts of law, licensing agencies, schools, and any current or past employer to furnish Company and or their assigned agents, associates or consumer reporting agencies with any and all information concerning me. I further agree to release Company and or their assigned agents, associates, or consumer reporting agencies and all persons and organizations providing information from any and all claims, liability and responsibility arising out of the release of such information in connection with this research.

If I am hired or retained as an employee, this authorization shall remain on file and shall serve as an ongoing authorization for Company to procure criminal records, consumer reports, including investigative consumer reports, at any time during my employment period. By signing below, I hereby release Company, its employees, agents, and all persons, agencies and entities providing information or reports about me from any and all liability arising out of the release of any such information or reports.

I understand that if an adverse decision on my application for employment is made, based in whole or in part on information contained in any consumer report, I will be so informed. I will also be provided an opportunity to obtain a copy of that consumer report and to dispute any inaccurate or incomplete information.

The above is understood and agreed by:

Signature

Printed Name

Date



**SUBSTANCE FREE WORKPLACE POLICY &
DRUG TESTING ACKNOWLEDGMENT**

I have reviewed the Substance Free workplace policy in the Employee Handbook and I understand that I will be subject to drug testing in any or all of the following situations:

- (1) Upon receiving a conditional offer of employment;
- (2) Upon reasonable suspicion that I am under the influence of drugs or alcohol;
- (3) Following any accident; and
- (4) If I return to work having previously tested positive for drug or alcohol use.

I understand that this policy does not alter the at-will nature of my employment, and as such, either the Company or myself is free to terminate my employment at any time, and for any reason.

I HAVE READ AND UNDERSTAND THE SUBSTANCE-FREE WORKPLACE POLICY. BY SIGNING BELOW, I AGREE THAT I UNDERSTAND THE TEMRS OF THE POLICY, AND I AGREE TO ABIDE BY THE POLICY.

Employee Signature: _____

Date: _____

Employee Name: _____

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: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> • 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. </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>	{	<ul style="list-style-type: none"> • 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. 	}	B _____
{	<ul style="list-style-type: none"> • 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 _____			
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • 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. <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> • 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. </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>	{	<ul style="list-style-type: none"> • 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. 	}	
{	<ul style="list-style-type: none"> • 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 <div style="font-size: 2em; font-weight: bold; margin: 0;">2010</div>
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)	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)

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): _____
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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)
--	-----------------------



Direct Deposit Authorization (Optional Form)

Employee Name: _____ **Date:** _____

Social Security Number: _____

Home Address: _____

City, State ZIP: _____

I request the net amount of my earnings to be credited to the following account. This authorization is effective beginning with the next full pay period and should continue until I cancel this authorization in writing.

Bank/Financial Institution: _____

Account No: _____

Routing No: _____

Bank Street Address: _____

City, State ZIP: _____

Employee Name (please print): _____

Employee Signature: _____ **Date:** _____