



SPLI Fax Numbers
 Payroll: (727) 437-0000
 New Client Setup: (727) 682-6003

SOUTH EAST PERSONNEL LEASING, INC. (SPLI*) EMPLOYEE LEASING APPLICATION (SOLICITUD PARA CONTRATO DE EMPLEADOS ARRENDADOS)

* Client Company Name (Compañía del Cliente) _____ Location (Ubicación) (if multiple client locations/offices exist) _____

SECTION 1 – TO BE COMPLETED BY THE EMPLOYEE (SECCIÓN 1 – PARA SER COMPLETADO POR EL SOLICITANTE)

* Last Name (Apellido) _____ * First Name (Primer Nombre) _____ MI (Initial del segundo) _____ * SSN (Numero de Segura Social) _____

* Applicant Address (Dirección del Solicitante) _____ Apt/Lot/Unit/etc (Apt. o lote) _____ * City (Ciudad) _____ * State (Estado) _____ * Zip Code (Codigo postal) _____

Phone Number (Numero de Teléfono) _____ * Application Date (Fecha de Aplicación) _____ * Birthdate (Fecha de Nacimiento) _____ Email Address (Correo Electrónico) _____

Federal Tax Filing Status and Allowances (refer to Form W-4 for instructions) (Estado civil y exenciones de Federales - consulte el formulario W-4 para obtener instrucciones)

* Status (estado) Check one (marque uno) Single (Soltero) Married (Casado) Married but withhold at higher Single rate (Casado, pero retiene con la tasa mayor de Soltero) Exempt (Exento) Total number of allowances (Número total de exenciones) _____ Additional amount you want withheld \$ each paycheck (Cantidad adicional) _____

EEO Data: We are subject to certain government recordkeeping and reporting requirements for the administration of civil rights laws and regulations. To comply with these laws, we invite you to voluntarily self-identify your race or ethnicity and gender. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual. (Nosotros estamos sujetos a ciertos requerimientos de compilación de datos y reportes para la administración de leyes y regulaciones de los derechos civiles. Para cumplir con estas leyes, te invitamos a voluntariamente identificar tu raza y género. Proveer esta información es voluntario y negarse a suministrarla no traerá ninguna consecuencia adversa. La información obtenida se mantendrá confidencial y solamente se utilizara de acuerdo con las leyes aplicables, ordenanzas y regulaciones ejecutivas incluyendo aquellas que requieren el resumen y reporte de la información al gobierno federal para el cumplimiento de derechos civiles. Cuando se reporten, estos datos no identificarán a ningún individuo en específico.)

Gender: M F Ethnicity: White/Caucasian Black/African American Hispanic/Latino Asian American Indian/Alaskan Native Hawaiian/Pacific Islander Two or More Races

I understand and agree to the following: I am not yet a leased employee of SPLI. If I suffer an injury or have suffered an injury related to work while working for the Client Company but before I am accepted as a leased employee by SPLI, the Client Company (not SPLI) will be responsible for providing Workers' Compensation Coverage, even if I am paid by SPLI or subsequently accepted as an employee of SPLI. I will not be accepted as an employee of SPLI, and workers' compensation coverage will not be provided by SPLI for any accidents until after all pages of the SPLI Employee Leasing Application are completed and signed by me, the complete SPLI Employee Leasing Application is delivered to SPLI, and SPLI accepts me as a leased employee. The SPLI Employee Leasing Application includes all of the following documents: This page, the Applicant Acknowledgement, the Safe Working Practices Acknowledgement, Acknowledgement of the Post Accident/Reasonable Suspicion Program, Acknowledgement of Alcohol and Drug Policy, Arbitration Agreement, Form I-9, and Form W-4. The complete Form I-9, and Form W-4, including instructions, can be obtained at <https://spli.com/docs.php>. (Yo entiendo y estoy de acuerdo con lo siguiente: Aún no soy un empleado contratado de South East Personnel Leasing, Inc. (SPLI). En consecuencia, si yo sufriera una lesión o hubiera sufrido una lesión relacionada con el trabajo mientras trabajaba para la Compañía Cliente y antes de ser aceptado como un empleado contratado por SPLI, la Compañía Cliente será responsable de esa lesión. No se procesará la Planilla de Pago y no se proporcionará cobertura de Compensación Obrera hasta y a menos que todas las páginas de la aplicación de SPLI para contrato de empleados, hayan sido llenadas y firmadas por el Solicitante, se haya sido entregada a SPLI y SPLI haya aceptado al Solicitante como un empleado contratado. La Solicitud de SPLI de Contratación de Empleados incluye la totalidad de los siguientes documentos: Esta página, el Reconocimiento del Solicitante, el Reconocimiento de Prácticas de Seguridad en el Trabajo, el Reconocimiento del Programa de Sospecha Razonable Posterior al Accidente, el Acuerdo de Arbitraje, el Formulario I-9 y el Formulario W-4. La versión completa del Formulario I-9 y el Formulario W-4, incluyendo las instrucciones, se pueden obtener en <https://spli.com/docs.php>.)

* Applicant Signature (Firma del Solicitante) _____ * Date (Fecha) _____

SECTION 2 – TO BE COMPLETED BY THE CLIENT COMPANY (SECCIÓN 2 – PARA SER COMPLETADO POR EL CLIENTE)

* Original Hire Date with Client (Fecha original de empleo con el Cliente) _____ * Job Description (Descripción del Trabajo) _____

* Work State (Estado de Trabajo) _____ W/C Code (Codigo de Trabajo) _____ Home Department (Departamento) _____ Employee ID (ID de Empleado) _____

* Pay Rate and Method (Tasa y método de pago) Hourly (por Hora) \$ _____ Salary (Salario) \$ _____ Commission/Piecework (Comisión/Pagos por pieza) _____ * Pay Cycle (Ciclo de Pago) Weekly (Semanal) Bi-Weekly (Quincenal) Other (Otros): _____

* Employment Type (Tipo de Empleo) FT Employee (> 30 hours avg. per week) – empleado a tiempo completo (promedio > 30 hrs por semana) PT Employee (< 30 hours avg. per week) – empleado a tiempo parcial (promedio < 30 hrs por semana) Variable Hour Employee (cannot determine whether the employee will avg. at least 30 hours per week) – empleado de horas variables (no se puede determinar si el empleado va promediando al menos 30 hrs por semana) Seasonal Employee (< 6 consecutive months worked during calendar year) – empleado de temporada (trabajando 6 meses consecutivos durante el año calendario)

* Required Fields (Los Campos Obligatorios)

Form W-4 (2019)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

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. You may claim exemption from withholding for 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2019 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

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

Specific Instructions

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line F. Credit for other dependents. When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) 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; font-size: small;">▶ Whether you're 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 <h1 style="margin:0;">2019</h1> |
| 1 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 filing separately, check "Married, but withhold at higher Single rate." |
| 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 800-772-1213 for a replacement card. <input type="checkbox"/> |
| 5 Total number of allowances you're claiming (from the applicable worksheet on the following pages) | 5 _____ | |
| 6 Additional amount, if any, you want withheld from each paycheck | 6 \$ _____ | |
| 7 I claim exemption from withholding for 2019, 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 (This form is not valid unless you sign it.) ▶ | | Date ▶ |
| 8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.) | | 9 First date of employment _____ |
| | | 10 Employer identification number (EIN) _____ |



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

| | | | | | | |
|----------------------------------|---|-------------------------|---------------------------|----------------|--------------------------------|----------------|
| Last Name (Family Name) | | First Name (Given Name) | | Middle Initial | Other Last Names Used (if any) | |
| Address (Street Number and Name) | | | Apt. Number | City or Town | | State ZIP Code |
| Date of Birth (mm/dd/yyyy) | U.S. Social Security Number □□□□ - □□ - □□□□ | | Employee's E-mail Address | | Employee's Telephone Number | |

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 boxes):

| | |
|---|--|
| <input type="checkbox"/> 1. A citizen of the United States | |
| <input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i> | |
| <input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____ | |
| <input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i> | |
| <p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p> | |
| <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> QR Code - Section 1 Do Not Write In This Space </div> | |

| | |
|-----------------------|---------------------------|
| Signature of Employee | Today's Date (mm/dd/yyyy) |
|-----------------------|---------------------------|

Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

| | | | |
|-------------------------------------|--|---------------------------|----------------|
| Signature of Preparer or Translator | | Today's Date (mm/dd/yyyy) | |
| Last Name (Family Name) | | First Name (Given Name) | |
| Address (Street Number and Name) | | City or Town | State ZIP Code |



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

| | | | | |
|-------------------------------------|-------------------------|-------------------------|------|--------------------------------|
| Employee Info from Section 1 | Last Name (Family Name) | First Name (Given Name) | M.I. | Citizenship/Immigration Status |
|-------------------------------------|-------------------------|-------------------------|------|--------------------------------|

| List A Identity and Employment Authorization | OR | List B Identity | AND | List C Employment Authorization |
|---|----|--------------------------------------|-----|--|
| Document Title | | Document Title | | Document Title |
| Issuing Authority | | Issuing Authority | | Issuing Authority |
| Document Number | | Document Number | | Document Number |
| Expiration Date (if any)(mm/dd/yyyy) | | Expiration Date (if any)(mm/dd/yyyy) | | Expiration Date (if any)(mm/dd/yyyy) |
| Document Title | | Additional Information | | QR Code - Sections 2 & 3 Do Not Write In This Space |
| Issuing Authority | | | | |
| Document Number | | | | |
| Expiration Date (if any)(mm/dd/yyyy) | | | | |
| Document Title | | | | |
| Issuing Authority | | | | |
| Document Number | | | | |
| Expiration Date (if any)(mm/dd/yyyy) | | | | |

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ **(See instructions for exemptions)**

| | | | | |
|--|---|---------------------------|--|----------------|
| Signature of Employer or Authorized Representative | | Today's Date (mm/dd/yyyy) | Title of Employer or Authorized Representative | |
| Last Name of Employer or Authorized Representative | First Name of Employer or Authorized Representative | | Employer's Business or Organization Name | |
| Employer's Business or Organization Address (Street Number and Name) | | | City or Town | State ZIP Code |

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

| | | | | |
|------------------------------------|-------------------------|----------------|--|--|
| A. New Name (if applicable) | | | B. Date of Rehire (if applicable) | |
| Last Name (Family Name) | First Name (Given Name) | Middle Initial | Date (mm/dd/yyyy) | |

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

| | | |
|----------------|-----------------|---------------------------------------|
| Document Title | Document Number | Expiration Date (if any) (mm/dd/yyyy) |
|----------------|-----------------|---------------------------------------|

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 | Today's Date (mm/dd/yyyy) | Name of Employer or Authorized Representative |
|--|---------------------------|---|



DEDUCTION AUTHORIZATION (AUTORIZACION DE DEDUCCION)

Employee Name (Nombre del Empleado): _____ SSN (Número de Seguridad Social): _____

Client Name (Compañía del Cliente): _____

Benefits Deductions (Deducciones para Beneficios)

Benefit deductions will be completed by your worksite employer, if applicable. (Las deducciones para beneficios serán completadas por su compañía cliente empleadora, si aplica.)

| Check One (marque uno) | Insurance Company Name or 3rd Party Administrator (Nombre de la compañía de seguros o Administrador del Plan) | Type of Deduction Health/Dental/401k/Roth/ Simple IRA (Tipo de Deducción) | Deduction Begin Date (Fecha de Comienzo) | Amount or Percentage per Pay Period (Cantidad por Periodo de Paga) | | |
|--|--|--|---|---|-----------------|---------|
| | | | | Pre-Tax Amount | Post-Tax Amount | Balance |
| 1 New Deduction (Nueva) Change Current Amount (Camio) Add to Current Amount (Incrementar) | | | | | | |
| 2 New Deduction (Nueva) Change Current Amount (Camio) Add to Current Amount (Incrementar) | | | | | | |
| 3 New Deduction (Nueva) Change Current Amount (Camio) Add to Current Amount (Incrementar) | | | | | | |
| 4 New Deduction (Nueva) Change Current Amount (Camio) Add to Current Amount (Incrementar) | | | | | | |
| 5 New Deduction (Nueva) Change Current Amount (Camio) Add to Current Amount (Incrementar) | | | | | | |

***Child Support (CS) Deductions**

(*Deducciones de Manutención)

Yes, I have CS deductions

(Sí, tengo deducciones de Manutención)

No, I do not have CS deductions

(No, no tengo deducciones de Manutención)

Initials (Iniciales): _____

| State of Order (Estado de Orden) | Case # (Caso #) | Address for Distribution (Dirección para distribución) | Amount Per Pay Period (Cantidad por Periodo de Paga) |
|-------------------------------------|--------------------|---|---|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

*Child Support Order(s) MUST be attached (*La orden de manutención debe estar adjunta)

Payroll Deductions

(Deducciones de Nómina)

Yes, I have payroll deductions

(Sí, tengo deducciones de nómina)

No, I do not have payroll deductions

(No, no tengo deducciones de nómina)

Initials (Iniciales): _____

| Type of Deduction (Uniform, Loan, Advance, etc.) (Tipo de deducción: uniforme, prestamo, adelanto, etc.) | Payroll Commencement Date (Fecha de Comienzo de Nomina) | Total Amount of Deduction (Cantidad Total De Deucción) | Amount Per Pay Period (Cantidad por Periodo de Paga) |
|---|--|---|---|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

I hereby authorize SouthEast Personnel Leasing, Inc. (SPLI) to make the above deductions from my pay in accordance with the above terms. I understand and agree that I am responsible for satisfying the above amounts. I further understand and agree that deductions will be made after any federal or state requirements as well as for any SPLI or _____ (Client Name) programs in which I have enrolled, for which I am eligible, or to which I have agreed.

Por este medio autorizo a SouthEast Personnel, Inc (SPLI) a hacer las susodichas deducciones de mi paga de acuerdo con los susodichos terminos. Entiendo y estoy de acuerdo que soy responsable de satisfacer las susodichas cantidades. Comprendo aún más y concuerdo que deducciones serán hechas después de cualquier exigencia federal o estatal así como para cualquier SPLI o _____ (nombre del cliente) programas en los cuales me he matriculado, por los que soy elegible, o con que he estado de acuerdo.

Employee Signature (Firma del Solicitante): _____ Date (Fecha): _____

Client Representative Signature (Firma del representante del cliente): _____ Date (Fecha): _____

APPLICANT ACKNOWLEDGEMENT (RECONOCIMIENTO DEL SOLICITANTE)

I, the undersigned applicant, acknowledge by my signature that I have been informed that if accepted as a leased employee of SPLI I will be leased to: _____ (Client Company). I further understand that if accepted as a leased employee of SPLI, either SPLI or I can terminate our relationship at any time, as I will be an at-will leased employee of SPLI. I also understand and agree that if accepted, while I am a leased employee of SPLI, if SPLI does not receive payment from the Client Company for services which I perform, SPLI will still pay me the applicable minimum wage (or the legally required overtime pay, at the applicable minimum wage rate, in a workweek in which I have worked overtime) for any such pay period and I agree to this method of compensation.

As a term of employment with SPLI, I understand and agree that all of my compensation for work done for the Client Company must be paid by SPLI. It is expressly prohibited for me to accept compensation from any source other than SPLI for work done for the Client Company without the express written consent from SPLI. The moment I accept compensation from any source other than SPLI for work performed for the Client Company without SPLI's written consent, my employment with SPLI will be automatically terminated/dissolved, effective the beginning of the pay period in which I received that compensation, even if SPLI is not yet aware of it and even if SPLI continues to pay me. Therefore, I understand and agree that if I receive any compensation from any source other than SPLI for work done for the Client Company without SPLI's written consent, I will be considered an employee of that source and not an employee of SPLI. I understand and agree that this means that if I get paid by any source other than SPLI for work done for the Client Company without SPLI's written consent and I get hurt while working, I will not be an employee of SPLI and will, therefore, not be covered by SPLI or SPLI's workers' compensation policy. This paragraph does not apply to tips from patrons.

I also agree to comply with any drug/alcohol testing policy, which SPLI has or may adopt. I specifically agree to post-accident drug/alcohol testing after every work injury regardless of whether I am able to give consent at that time. This document is my authority to post-accident drug/alcohol testing in all instances. SPLI is in agreement with the Federal Government that marijuana is a controlled substance and will not recognize medical marijuana as a legitimate prescription. A positive test result for marijuana will be treated the same as any other positive test result, even if an employee has a medical marijuana prescription. I acknowledge that I am required to promptly report all incidents of discrimination, harassment, or retaliation, regardless of the offender's identity or position, to the Client Company. I further acknowledge that the Client Company is responsible for investigating my complaint and taking appropriate action, if any is determined to be necessary, to end or remediate the discrimination or retaliation. I further acknowledge and agree that because SPLI does not have actual control over my work with the Client Company, and as such is not in a position to know of any alleged discrimination, harassment, or retaliation, all action to end or remediate any discrimination, harassment, or retaliation must come solely from the Client Company.

Yo, el solicitante infrascrito, reconozco a través de mi firma que se me ha informado que si me aceptan como un empleado arrendado por SPLI seré arrendado a: _____ (Compañía del Cliente). Al igual entiendo que si me aceptan como empleado arrendado de SPLI, cualquier SPLI o Yo podemos terminar nuestra relación en cualquier momento, ya que seré un empleado arrendado de SPLI por mi propia voluntad. Yo también entiendo y estoy de acuerdo que si soy aceptado, mientras sea un empleado arrendado de SPLI, si SPLI no recibe pago por parte de la Compañía del Cliente por los servicios que yo preste, SPLI me pagará el salario mínimo aplicable (o el pago por tiempo extra exigido por la ley, a la tasa de salario aplicable en una semana de trabajo durante la cual yo haya laborado tiempo extra) por cualquier periodo de pago y yo estoy de acuerdo con este método de Compensación.

Como un término de empleo con SPLI, yo entiendo y estoy de acuerdo que toda mi Compensación por trabajo prestado mediante a la Compañía del Cliente debe de ser pagada a través de SPLI. Esta expresamente prohibido el aceptar Compensación de cualquier otra fuente que no sea SPLI por trabajo prestado para la Compañía del Cliente sin el consentimiento por escrito de SPLI. En el momento que Yo acepte Compensación de otra fuente que no sea SPLI por trabajo prestado para la Compañía del Cliente sin el consentimiento por escrito de SPLI, mi empleo con SPLI será automáticamente terminado/disuelto, efectivamente iniciando el periodo de pago en el cual Yo recibí la Compensación, aun si SPLI no este enterado de esto y aun si SPLI continúe pagándome. Por lo tanto, Yo entiendo y estoy de acuerdo que si Yo recibo cualquier Compensación de cualquier fuente aparte de SPLI por trabajo prestado para la Compañía del Cliente sin el consentimiento por escrito de SPLI, Yo seré considerado un empleado de esa fuente y no un empleado de SPLI. Yo entiendo y estoy de acuerdo que esto significa que si Yo recibo pago de otra fuente que no sea SPLI por trabajo prestado para la Compañía del Cliente sin el consentimiento por escrito de SPLI y me lastimo mientras estoy haciendo mi trabajo, no seré un empleado de SPLI y por lo tanto no seré cubierto por SPLI o por la póliza de Compensación de obreros de SPLI. Este párrafo no se aplica a las propinas de patronos.

Yo también estoy de acuerdo en cumplir con cualquier póliza de pruebas de drogas/alcohol, la cual SPLI pueda adoptar. Yo específicamente estoy de acuerdo en la prueba de drogas/alcohol después de cada accidente en el trabajo aunque Yo no pueda dar consentimiento en ese momento. Este documento es mi autorización a una prueba de drogas/alcohol después de un accidente de trabajo en cualquier caso. SPLI está de acuerdo con el gobierno federal que la marihuana es una substancia controlada y no reconocerá la marihuana médica como prescripción legítima. Un resultado de prueba positivo para la marihuana será tratada igual que cualquier otro resultado de prueba positivo, aunque el empleado tenga una prescripción médica para la marihuana. Yo reconozco que es requerido que reporte prontamente al a Compañía del Cliente, todos incidentes de discriminación, acoso, o venganza, no importa la identificación o posición del ofensor. Yo también reconozco que la Compañía del Cliente es responsable de investigar mis quejas y tomar la acción apropiada, si determinada necesaria, para terminar o remediar la discriminación o venganza. Al igual reconozco y estoy de acuerdo que ya que SPLI no tiene el control actual sobre mi trabajo con la Compañía del Cliente, y como tal no está en posición de saber sobre cualquier alegación de discriminación, acoso, o venganza, todas las acciones para terminar o remediar cualquier discriminación, acoso o venganza deben venir totalmente de la Compañía del Cliente.

SAFE WORKING PRACTICES ACKNOWLEDGEMENT (RECONOCIMIENTO DE PRACTICAS DE SEGURIDAD DE TRABAJO)

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, SPLI or any other entity whatsoever 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, 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 Client Company/SPLI directed 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 SPLI or SPLI's workers' compensation carrier when I am referred to any specialist for treatment.
 - E. Only go to SPLI or SPLI's workers' compensation carrier's directed specialists for care.

I understand that failure on my part, to follow the above procedures, could result in disciplinary action, not to exclude termination! I agree to inform SPLI 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 a failure to follow established safety procedures. I understand if I do not report my accident to South East Personnel Leasing, Inc. within 30 days, my claim will be denied for lack of notice.

1. *Yo convengo en seguir todos los requerimientos, procedimientos y prácticas, incluyendo y no limitada a esas impuestas o recomendadas por: cualquier entidad gubernamental, OSHA, Compañía del Cliente, SPLI o cualquier otra entidad cualquiera sin excepción.*
2. *Yo convengo en reportar cualquier accidente relacionado al trabajo, o lesión, a mi supervisor de la Compañía del Cliente tan pronto como ocurra, sin excepción.*
3. *Si Yo necesito tratamiento médico por una lesión relacionada al trabajo, Yo convengo a:*
 - a. *Notificar a mi supervisor de la Compañía del Cliente de la necesidad de tratamiento médico.*
 - b. *Solo ver un médico asignado por la Compañía del Cliente/SPLI para el tratamiento inicial.*
 - c. *En la visita inicial, llevar el formulario Autorización Médica para Tratamiento, para autorizar a esa facilidad proveer tratamiento médico.*
 - d. *Notificar a SPLI o portador de Compensación de obreros de SPLI cuando haya sido referido a un especialista para tratamiento médico.*
 - e. *Solo ir a especialistas para tratamiento dirigido por SPLI o por el portador de Compensación de obreros de SPLI.*

Yo entiendo que sería una falta de mi parte, si no he de seguir los procedimientos mencionados anteriormente, y puede resultar en una acción disciplinaria, no excluye terminación. Yo convengo a informar a SPLI de cualquier violación a la seguridad que yo encuentre en el lugar de trabajo. Yo también entiendo que de acuerdo a la Sección 440.09 (4) de las Leyes de Compensación de Obreros del Estado de La Florida, mis beneficios de Compensación pueden ser reducidos por cualquier lesión, que haya ocurrido por falta de seguir los procedimientos de seguridad establecidos. Yo entiendo si no reporto mi accidente a South East Personnel Leasing, Inc. en el plazo de 30 días, mi demanda será negado por falta de aviso.

ACKNOWLEDGEMENT OF THE POST-ACCIDENT/REASONABLE SUSPICION PROGRAM (RECONOCIMIENTO DEL PROGRAMA DE SOSPECHA RAZONABLE POSTERIOR AL ACCIDENTE)

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

I have read, or had read to me, a copy of this policy and I understand the consequences of violating the policy, including my obligations under the Post-Accident/Reasonable Suspicion Policy. If I did 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, or otherwise violate this policy I may forfeit all benefits under this state's workers' compensation and unemployment compensation laws. SPLI is in agreement with the Federal Government that marijuana is a controlled substance and will not recognize medical marijuana as a legitimate prescription. A positive test result for marijuana will be treated the same as any other positive test result, even if an employee has a medical marijuana prescription. I understand that as a condition of my continued employment, where reasonable suspicion of drug and/or alcohol use exists, SPLI 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 to rehabilitation testing and the required post-accident testing. I further consent to the results of any such drug or alcohol tests being released to SPLI's 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 SPLI, agents of SPLI'S, and the testing laboratory will have access to the test results and may disclose such results to its attorney 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 any physicians who have tested me from any liability arising from a release or use of any and all test results, written reports, medical records and data concerning my test(s) to the appropriate SPLI officials. I further release all SPLI 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 the SPLI and me. I acknowledge receipt of a copy of this policy.

Yo entiendo que SPLI mantiene el Programa de Sospecha Razonable Posterior al Accidente requiriendo que todos los empleados arrendados se reporten al trabajo en condición libre de drogas.

He leído, o me han leído, una copia de esta póliza y Yo entiendo las consecuencias de violar la póliza, incluyendo mis obligaciones de la póliza del Programa de Sospecha Razonable Posterior al Accidente. Si Yo no entendí la póliza, he pedido y he recibido una explicación. Yo específicamente entiendo que si me lesiono en el trabajo y rechazo someterme a una prueba de drogas o alcohol o mi resultado es positivo, Yo de tal modo puedo perder mi elegibilidad a todos los beneficios médicos, e indemnificación de Compensación de obreros. Yo entiendo que como una condición para continuar mi empleo, donde hay sospecha razonable de uso de drogas y o de alcohol, SPLI requerirá que Yo me someta a una prueba urinaria de drogas y de sangre para alcohol. Yo convengo a someterme a estas pruebas incluyendo seguimiento pruebas de rehabilitación y las pruebas requeridas después de un accidente. SPLI está de acuerdo con el gobierno federal que la marihuana es una sustancia controlada y no reconocerá la marihuana médica como prescripción legítima. Un resultado de prueba positivo para la marihuana será tratada igual que cualquier otro resultado de prueba positivo, aunque el empleado tenga una prescripción médica para la marihuana. Yo doy consentimiento a que los resultados de cualquier prueba de droga o alcohol hechas por un Oficial de Revisión Médica sean entregada al representante autorizado de SPLI. Yo entiendo que yo estoy legalmente autorizado a recibir una copia de este consentimiento en el caso de que yo lo requiera. El resultado no será entregado a ningún partido adicional sin mi autorización por escrito, excepto Yo convengo que SPLI, agentes de SPLI, y el laboratorio de pruebas tendrán acceso al resultado de la prueba y que puedan divulgar este resultado con sus abogados en conexión a procedimientos de Compensación de obreros, y puedan usar el resultado de la prueba cuando sea relevante a su defensa en casos civiles o administrativos. Yo libero a cualquier personal de la facilidad de pruebas y o cualquier médico quien me haya tomado la prueba de cualquier responsabilidad proveniente de la entrega o de usar cualquier y todos los resultados, reportes escritos, expedientes médicos y datos que traten sobre mi prueba(s) a los oficiales apropiados de SPLI. Yo también libero a todos los oficiales de SPLI de cualquier responsabilidad proveniente de la comunicación o uso de tales resultados. Yo también entiendo que la Póliza del Programa de Sospecha Razonable Posterior al Accidente y los documentos relacionados no están intencionados para constituir un contrato entre SPLI y Yo. Yo reconozco haber recibido una copia de esta póliza.

ACKNOWLEDGEMENT OF ALCOHOL AND DRUG POLICY (RECONOCIMIENTO DE PRACTICAS DE SEGURIDAD DE TRABAJO)

South East Personnel Leasing, Inc. has recognized that drug and alcohol abuse is a social problem, as well as a problem on the job site. We believe the abuse of alcohol and use of illegal drugs endangers the health and safety of the abuser(s) as well as others in the immediate area. South East is committed to maintaining a Post-Accident / Reasonable Suspicion Program without jeopardizing the job security of valued, but troubled employees, provided they seek help. Complying with South East's Post Accident / Reasonable Suspicion Program, as a condition of employment, requires an employee to refrain from reporting to work or working with the presence of illegal drugs or alcohol in his/her body. This prohibition includes the possession, use, or sale of illegal drugs and the abuse of alcohol. Company sponsored events or social activities, at which alcoholic beverages are served and consumed, will not be considered alcohol abuse just because alcohol is served. Employees, who are on the job site, under the influence of alcohol or illegal drugs are violating this policy and may be terminated. To maintain a safer and more rewarding place to work, it is important that we work together when dealing with a substance abuse problem.

SouthEast Personnel Leasing, Inc. reconoce que el abuso de drogas y alcohol es un problema social, al igual que un problema en el lugar de trabajo. Nosotros creemos que el abuso de alcohol y el uso de drogas ilegales ponen en peligro la salud y seguridad del abusador(es) al igual que los demás en su área inmediata. SouthEast esta comprometido a mantener un Programa de Sospecha Razonable Posterior al Accidente sin poner en riesgo la seguridad de empleados valiosos, pero que tiene problemas, siempre y cuando estos soliciten ayuda. Al cumplir con el Programa de Sospecha Razonable Posterior al Accidente de SouthEast, como condición de empleo, requiere que el empleado se abstenga de presentarse a trabajar o que trabaje con la presencia de drogas ilegales o alcohol en su cuerpo. Esta prohibición incluye a la posesión, uso, o venta de drogas ilegales y del abuso de alcohol. Actividades sociales realizadas por la compañía en las cuales se sirven y se consumen bebidas alcohólicas no seran consideradas como abuso de alcohol solo por que se sirva alcohol Empleados, que estén en el lugar de trabajo, bajo la influencia de alcohol o drogas ilegales están violando esta póliza y pueden ser despedido. Para mantener un lugar de trabajo seguro y gratificante, es importante que trabajemos unidos cuando estemos tratando con este problema de abuso de sustancias.

I have read, or had read to me, and understand the APPLICANT ACKNOWLEDGEMENT, the SAFE WORKING PRACTICES ACKNOWLEDGEMENT, the ACKNOWLEDGEMENT OF THE POST-ACCIDENT/REASONABLE SUSPICION PROGRAM, and the ACKNOWLEDGEMENT OF ALCOHOL AND DRUG POLICY.

He leído, o se me ha leído, y comprendo el RECONOCIMIENTO DEL SOLICITANTE, el RECONOCIMIENTO DE PRACTICAS DE SEGURIDAD DE TRABAJO, el RECONOCIMIENTO DEL PROGRAMA DE SOSPECHA RAZONABLE POSTERIOR AL ACCIDENTE, y el RECONOCIMIENTO DE POLIZA DE ALCOHOL Y DROGA.

Applicant's Signature (Firma del Solicitante)

Printed Name (Nombre Impreso del Solicitante)

Date (Fecha)

ARBITRATION AGREEMENT (ACUERDO DE ARBITRAJE)

Please read this document carefully. It describes how employment disputes, if any, will be handled, if they cannot be resolved internally. By accepting employment, you are agreeing to the terms of this Arbitration Agreement (“Agreement”).

You agree and acknowledge that South East Personnel Leasing, Inc. and subsidiaries (collectively “SPLI”), your temporary staffing employer, if any, (“Temporary Staffing Employer”), and _____ (your “Worksite Employer”), and you will utilize binding arbitration to resolve all disputes that may arise out of the employment context.

In consideration of your employment and other good and valuable consideration, including but not limited to the promises herein and the compensation and benefits paid to you, the receipt and sufficiency of which is acknowledged by the parties, the parties agree to the following terms of this Agreement.

1. “SPLI Entities” includes SPLI’s past, present and future parent entities (direct or indirect), subsidiaries (direct or indirect), affiliates, legal successors, predecessors, assigns, businesses, investors, as well as the owners, directors, officers, managers, members, shareholders, principals, employees and agents of same.

2. Any dispute or claim of any kind or nature between you and SPLI, any of the applicable SPLI Entities, your Temporary Staffing Employer, or your Worksite Employer arising out of, related to, or in connection with any aspect of your employment or its termination, including but not limited to claims for breach of contract, negligence, torts, unpaid wages or other wage payment or compensation-related claims, discrimination, harassment or retaliation in violation of Title VII of the Civil Rights Act of 1964, the Civil Rights Act of 1991, 42 U.S.C. § 1981, the Age Discrimination in Employment Act of 1967, the Americans With Disabilities Act of 1990, the Family and Medical Leave Act of 1993, the Fair Labor Standards Act, the Fair Credit Reporting Act, or any other federal, state or local law, will be settled by final and binding arbitration conducted by a single, neutral arbitrator. **IN AGREEING TO ARBITRATE CLAIMS, YOU AND SPLI, THE SPLI ENTITIES, YOUR TEMPORARY STAFFING EMPLOYER, AND YOUR WORKSITE EMPLOYER AGREE TO WAIVE THE RIGHT TO HAVE COVERED DISPUTES DECIDED BY A JUDGE OR JURY.** This Agreement applies to all disputes or claims that arose before and/or after this Agreement went into effect.

3. Claims for state employment insurance benefits (e.g., unemployment compensation, workers’ compensation), and any other claims that, by law, cannot be required to be resolved by binding arbitration are not covered, and thus are not subject to arbitration. In addition, this Agreement does not prevent you from filing charges with, or participating in investigations conducted by, government agencies with oversight over employment laws, including but not limited to the National Labor Relations Board and the U.S. Equal Employment Opportunity Commission. To the extent that a benefit plan specifies that a claim under the benefit plan be arbitrated under the benefit plan’s arbitration process and/or procedures, then that arbitration process and/or procedures shall apply to the benefit claim.

4. The arbitration will be administered by the American Arbitration Association (“AAA”) under its Employment Arbitration Rules and Mediation Procedures (including the Optional Rules for Emergency Measures of Protection), except as otherwise provided in this Agreement. These rules are available on the AAA’s website located at: <https://www.adr.org/>.

5. Arbitration must be initiated by filing a written arbitration demand stating a description of the claim(s) and the remedy sought at any office of the AAA within the time limit established by the applicable substantive law’s statute of limitations.

6. Arbitration will take place in the metropolitan area where you are or were last employed, unless prohibited by applicable law. The parties may agree to another location for the arbitration.

7. If SPLI, the SPLI Entities, your Temporary Staffing Employer, or your Worksite Employer files an arbitration claim, it will pay all arbitration fees and other forum costs charged by AAA. If you file an arbitration claim, you will pay an arbitration filing fee of \$200 when the claim is filed; SPLI, the SPLI Entities, your Temporary Staffing Employer, or your Worksite Employer will pay for the remainder of the arbitration filing fees and all other arbitration forum costs charged by AAA. However, if it is determined by AAA that it would be an undue hardship on you to pay your \$200 portion of the filing fee, then SPLI, the SPLI Entities, your Temporary Staffing Employer, or your Worksite Employer will pay that amount.

8. Upon a finding that a party has sustained its burden of persuasion in establishing a violation of applicable law, the arbitrator shall have the same power and authority as would a court to grant any relief, including costs and attorney’s fees, in conformance with applicable principles of federal or state decisions and statutory law. The arbitrator shall issue an award in writing and state the essential findings and conclusions on which the award is based. Judgment on the award issued by the arbitrator may be entered in any court having jurisdiction.

9. The arbitrator has no authority to consolidate claims by different persons into one proceeding, nor shall the arbitrator have the power to hear an arbitration as a group, class or collective action (a group, class or collective action includes an arbitration or lawsuit where representative members of a group who claim to share a common interest seek group, class or collective relief).

10. If a party files a lawsuit in court to resolve claims subject to arbitration, the parties agree that the court shall dismiss the lawsuit and require that the claims be resolved through arbitration as provided herein.

11. **CLASS OR COLLECTIVE ACTION WAIVER – BY ENTERING INTO THIS AGREEMENT YOU AND SPLI, THE SPLI ENTITIES, YOUR TEMPORARY STAFFING EMPLOYER, AND YOUR WORKSITE EMPLOYER WAIVE THE RIGHT TO COMMENCE OR BE PARTY TO ANY GROUP, CLASS OR COLLECTIVE ACTION CLAIM (OTHER THAN REPRESENTATIVE ACTIONS, SEPARATELY ADDRESSED IN PARAGRAPH 12 BELOW) IN ARBITRATION OR ANY OTHER FORUM ARISING OUT OF, RELATED TO, OR IN CONNECTION WITH ANY ASPECT OF YOUR EMPLOYMENT AND SEPARATION. THE PARTIES AGREE THAT ANY CLAIM BY OR AGAINST YOU OR SPLI, THE SPLI ENTITIES, YOUR TEMPORARY STAFFING EMPLOYER, OR YOUR WORKSITE EMPLOYER WILL BE HEARD ON AN INDIVIDUAL BASIS WITHOUT CONSOLIDATION OF SUCH CLAIM WITH ANY OTHER PERSON’S OR ENTITY’S CLAIM. THIS PROVISION IS NOT APPLICABLE TO THE EXTENT SUCH WAIVER IS PROHIBITED BY THE LAW OF THE STATE IN WHICH YOU WORK. IF THIS PROVISION DOES NOT APPLY, THE GROUP, CLASS OR COLLECTIVE ACTION CLAIM MUST BE LITIGATED IN A CIVIL COURT OF COMPETENT JURISDICTION.**

12. **REPRESENTATIVE ACTION WAIVER – BY ENTERING INTO THIS AGREEMENT YOU AND SPLI, THE SPLI ENTITIES, YOUR TEMPORARY STAFFING EMPLOYER, AND YOUR WORKSITE EMPLOYER WAIVE THE RIGHT TO COMMENCE OR BE PARTY TO ANY REPRESENTATIVE ACTION CLAIM IN ARBITRATION OR ANY OTHER FORUM ARISING OUT OF, RELATED TO, OR IN CONNECTION WITH ANY ASPECT OF YOUR EMPLOYMENT AND SEPARATION. THE PARTIES AGREE THAT ANY CLAIM BY OR AGAINST YOU OR SPLI, THE SPLI ENTITIES, YOUR TEMPORARY STAFFING EMPLOYER OR YOUR WORKSITE EMPLOYER WILL BE HEARD ON AN INDIVIDUAL BASIS WITHOUT CONSOLIDATION OF SUCH CLAIM WITH ANY OTHER PERSON’S OR ENTITY’S CLAIM, INCLUDING PARTICIPATING AS A NAMED AGGRIEVED EMPLOYEE PLAINTIFF OR AS AN AGGRIEVED EMPLOYEE MEMBER OF A REPRESENTATIVE ACTION. THIS PROVISION IS NOT APPLICABLE TO THE EXTENT SUCH WAIVER IS PROHIBITED BY THE LAW OF THE STATE IN WHICH YOU WORK. IF THIS PROVISION DOES NOT APPLY, THE REPRESENTATIVE ACTION CLAIM MUST BE LITIGATED IN A CIVIL COURT OF COMPETENT JURISDICTION.**

13. Any party may apply to the arbitrator seeking injunctive relief until the arbitration award is rendered, or the controversy is otherwise resolved. Any party also may, without waiving any remedy under this Agreement, seek from any court having jurisdiction any interim or provisional relief that is necessary to protect the rights or property of that party, pending the appointment

of the arbitrator or pending the arbitrator's determination of the merits of the controversy. While it is the intent of the parties that this Agreement be fully enforced, to the extent any judicial action is required in aid of this Agreement, the parties agree that any such action will be brought exclusively in the United States District Court for the district in which you are or were last employed.

14. The parties expressly acknowledge and agree that this Agreement involves interstate commerce and the interpretation and enforcement of the arbitration provisions herein will be governed by the provisions of the Federal Arbitration Act, 9 U.S.C. § 1 et seq., to the exclusion of any different or inconsistent state or local law, ordinance or judicial rule.

15. New employees must sign this Agreement as a condition of employment.

16. The SPLI Entities, your Temporary Staffing Employer, and your Worksite Employer are express third-party beneficiaries of this Agreement.

17. If for any reason the provisions of this Agreement requiring arbitration of disputes are found to be invalid, unenforceable or void, then **TO THE FULLEST EXTENT ALLOWED BY APPLICABLE LAW, YOU AND SPLI, THE SPLI ENTITIES, YOUR TEMPORARY STAFFING EMPLOYER, AND YOUR WORKSITE EMPLOYER EXPRESSLY AGREE TO WAIVE ANY RIGHT TO SEEK OR DEMAND A JURY TRIAL AND AGREE TO HAVE ANY DISPUTE DECIDED SOLELY BY A JUDGE OF THE COURT.**

18. Nothing in this Agreement modifies the at will nature of your employment which can be terminated at any time, with or without cause.

19. This Agreement may be modified, in whole or in part, or terminated by SPLI only after an authorized SPLI representative provides at least 14 days' written notice of the modification or termination. The Agreement in effect at the time a claim is filed by a party will govern the process by which the claim is determined.

20. This Agreement represents the entire agreement and understanding between you and SPLI, the SPLI Entities, your Temporary Staffing Employer, and your Worksite Employer regarding the subject matter covered herein. This Agreement supersedes all prior understandings and agreements between the parties on the covered subject matter.

Por favor lea cuidadosamente este documento. Describe cómo se manejarán las disputas laborales, si las hay, si no se pueden resolver internamente. Al aceptar el empleo, usted acepta los términos de este Acuerdo de Arbitraje ("Acuerdo").

Usted acepta y reconoce que South East Personnel Leasing, Inc. y sus subsidiarias (colectivamente "SPLI"), su empleador de personal temporal, si lo hubiera ("Empleador de Personal Temporal") y _____ (su "Empleador del Lugar de Trabajo"), y usted utilizarán el arbitraje obligatorio para resolver todas las disputas que puedan surgir del contexto laboral.

En consideración a su empleo y otras contraprestaciones, que incluyen pero no se limitan a las promesas incluidas en este documento y la compensación y beneficios pagados a usted, cuyo recibo y suficiencia son reconocidos por las partes, las partes acuerdan los siguientes términos de este Acuerdo.

1. Las "Entidades SPLI" incluye las entidades matrices pasadas, presentes y futuras de SPLI (directa o indirectamente), subsidiarias (directas o indirectas), afiliadas, sucesores legales, predecesores, cesionarios, negocios, inversionistas, así como los propietarios, directores, funcionarios, gerentes, miembros, accionistas, directores, empleados y agentes de la misma.

2. Cualquier disputa o reclamo de cualquier tipo o naturaleza entre usted y SPLI, cualquiera de las Entidades SPLI aplicables, su Empleador de Personal Temporal, o su Empleador del Lugar de Trabajo que surja de, relacionado con, o en conexión con cualquier aspecto de su empleo o su terminación, incluyendo pero no limitado a reclamos por incumplimiento de contrato, negligencia, agravios, salarios no pagados u otro pago de salario o reclamos relacionados con compensación, discriminación, acoso o represalias en violación del Título VII de la Ley de Derechos Civiles de 1964, los Derechos Civiles de la Ley de 1991, 42 USC § 1981, la Ley de Discriminación por Edad en el Empleo de 1967, la Ley de Estadounidenses con Discapacidades de 1990, la Ley de Permisos Medicos y Familiares de 1993, la Ley de Normas Razonables de Trabajo, la Ley de Informes Crediticios Justos o cualquier otra ley federal, estatal o local, será resuelto por arbitraje definitivo y obligatorio realizado por un solo árbitro imparcial. **AL ACEPTAR EL ARBITRAJE DE RECLAMOS, USTED Y SPLI, LAS ENTIDADES SPLI, SU EMPLEADOR DE PERSONAL TEMPORAL Y SU EMPLEADOR EN EL LUGAR DE TRABAJO ACUERDAN RENUNCIAR AL DERECHO A DISPUTAS CUBIERTAS DECIDIDAS POR UN JUEZ O JURADO.** Este Acuerdo se aplica a todas las disputas o reclamos que surgieron antes y / o después de que este Acuerdo entró en vigencia.

3. Los reclamos para beneficios del seguro estatal de empleo (por ejemplo, compensación por desempleo, compensación laboral) y cualquier otro reclamo que, por ley, no se pueda exigir que se resuelva mediante arbitraje obligatorio, no están cubiertos, y por lo tanto no están sujetos a arbitraje. Además, este Acuerdo no le impide presentar cargos, ni participar en investigaciones conducidas por agencias gubernamentales con supervisión sobre las leyes laborales, incluyendo, entre otros, la Junta Nacional de Relaciones Laborales y la Comisión de Igualdad de Oportunidades de Empleo de EE. UU. En la medida en que un plan de beneficios especifique que un reclamo bajo el plan de beneficios sea sometido a arbitraje según el proceso y/o procedimientos de arbitraje del plan de beneficios, entonces ese proceso de arbitraje y/o procedimientos se aplicarán al reclamo de beneficios.

4. El arbitraje será administrado por la Asociación Americana de Arbitraje ("AAA") bajo sus Reglas de Arbitraje Laboral y Procedimientos de Mediación (incluyendo las Reglas Opcionales para Medidas de Protección de Emergencia), excepto que se disponga lo contrario en este Acuerdo. Estas reglas están disponibles en el sitio web de la AAA ubicado en: <https://www.adr.org/>.

5. El arbitraje debe iniciarse mediante la presentación de una demanda de arbitraje por escrito que establezca una descripción de la(s) demanda(s) y el remedio solicitado en cualquier oficina de la AAA dentro del plazo establecido por el estatuto de limitaciones de la ley sustantiva aplicable.

6. El arbitraje tendrá lugar en el área metropolitana en la que está o estuvo empleado por última vez, a menos que lo prohíban las leyes aplicables. Las partes pueden acordar otro lugar para el arbitraje.

7. Si SPLI, las Entidades SPLI, su Empleador de Personal Temporal o su Empleador de Lugar de Trabajo presentan un reclamo de arbitraje, pagará todas las tarifas de arbitraje y otros costos de foro cobrados por AAA. Si usted presenta un reclamo de arbitraje, usted pagará una tarifa de presentación de arbitraje de \$ 200 cuando se presente el reclamo; SPLI, las Entidades SPLI, su Empleador Temporal de Personal, o su Empleador de Lugar de Trabajo pagarán por el resto de las tarifas de presentación de arbitraje y todos los demás costos de foro de arbitraje cargados por AAA. Sin embargo, si AAA determina que sería una dificultad excesiva para usted pagar su parte de la tarifa de presentación de \$ 200, entonces SPLI, las Entidades SPLI, su Empleador Temporal de Personal o su Empleador de Lugar de Trabajo pagarán esa cantidad.

8. Tras concluir que una parte ha soportado su carga de persuasión al establecer una violación de la ley aplicable, el árbitro tendrá el mismo poder y autoridad que un tribunal para otorgar cualquier alivio, incluidos los costos y honorarios de abogados, de conformidad con los principios aplicables de decisiones federales o estatales y la ley estatutaria. El árbitro emitirá una sentencia por escrito e indicará los hallazgos y conclusiones esenciales en los que se basa la sentencia. El fallo sobre la sentencia emitida por el árbitro se puede ingresar en cualquier tribunal que tenga jurisdicción.

9. The El árbitro no tiene autoridad para consolidar reclamos de diferentes personas en un solo procedimiento, ni el árbitro tendrá la facultad de escuchar un arbitraje como grupo, clase o acción colectiva (un grupo, clase o acción colectiva incluye un arbitraje o demanda donde los miembros representativos de un grupo que dice compartir un interés común, busca alivio grupal, de clase o colectivo).

10. Si una de las partes presenta una demanda ante el tribunal para resolver reclamos sujetos a arbitraje, las partes acuerdan que el tribunal desestimar la demanda y exigirá que los reclamos se resuelvan mediante el arbitraje según lo dispuesto en este documento.

11. **RENUNCIA DE ACCIÓN DE CLASE O COLECTIVA: AL CELEBRAR ESTE ACUERDO USTED Y SPLI, LAS ENTIDADES SPLI, SU EMPLEADOR TEMPORAL DE PERSONAL Y SU EMPLEADOR DE LUGAR DE TRABAJO RENUNCIAN AL DERECHO DE COMENZAR O SER PARTE DE UN RECLAMO DE ACCIÓN DE GRUPO, CLASE O COLECTIVA (QUE NO SEAN ACCIONES REPRESENTATIVAS, ABORDADAS POR SEPARADO EN EL PÁRRAFO 12 A CONTINUACIÓN) EN ARBITRAJE O EN CUALQUIER OTRO FORO QUE SURJA DE, RELACIONADO CON, O EN CONEXIÓN CON, CUALQUIER ASPECTO DE SU EMPLEO Y SEPARACIÓN. LAS PARTES ACUERDAN QUE CUALQUIER RECLAMO POR O EN CONTRA DE USTED O SPLI, LAS ENTIDADES SPLI, SU EMPLEADOR TEMPORAL DE PERSONAL Y SU EMPLEADOR DE LUGAR DE TRABAJO SERÁ ESCUCHADO DE MANERA INDIVIDUAL SIN LA CONSOLIDACIÓN DE DICHO RECLAMO CON EL RECLAMO DE OTRA PERSONA O ENTIDAD. ESTA DISPOSICIÓN NO ES APLICABLE EN LA MEDIDA EN QUE DICHA RENUNCIA ESTÉ PROHIBIDA POR LA LEY DEL ESTADO EN EL CUAL USTED TRABAJA. SI ESTA DISPOSICIÓN NO SE APLICA, EL RECLAMO DE GRUPO, CLASE O ACCIÓN COLECTIVA DEBE SER LITIGADO EN UN TRIBUNAL CIVIL DE LA JURISDICCIÓN COMPETENTE.**

12. **RENUNCIA DE ACCIÓN REPRESENTATIVA – AL CELEBRAR ESTE ACUERDO USTED Y SPLI, LAS ENTIDADES SPLI, SU EMPLEADOR TEMPORAL DE PERSONAL Y SU EMPLEADOR DE LUGAR DE TRABAJO RENUNCIAN AL DERECHO DE COMENZAR O SER PARTE DE UN RECLAMO DE ACCIÓN DE GRUPO, CLASE O COLECTIVA EN ARBITRAJE O EN CUALQUIER OTRO FORO QUE SURJA DE, RELACIONADO CON, O EN CONEXIÓN CON, CUALQUIER ASPECTO DE SU EMPLEO Y SEPARACIÓN. LAS PARTES ACUERDAN QUE CUALQUIER RECLAMO POR O EN CONTRA DE USTED O SPLI, LAS ENTIDADES SPLI, SU EMPLEADOR TEMPORAL DE PERSONAL Y SU EMPLEADOR DE LUGAR DE TRABAJO SERÁ ESCUCHADO DE MANERA INDIVIDUAL SIN LA CONSOLIDACIÓN DE DICHO RECLAMO CON EL RECLAMO DE OTRA PERSONA O ENTIDAD, INCLUIDA LA PARTICIPACIÓN COMO EMPLEADO AGRAVIADO DEMANDANTE O COMO UN EMPLEADO AGRAVIADO MIEMBRO DE UNA ACCIÓN REPRESENTATIVA. ESTA DISPOSICIÓN NO ES APLICABLE EN LA MEDIDA EN QUE DICHA RENUNCIA ESTÉ PROHIBIDA POR LA LEY DEL ESTADO EN EL CUAL USTED TRABAJA. SI ESTA DISPOSICIÓN NO SE APLICA, EL RECLAMO DE GRUPO, CLASE O ACCIÓN COLECTIVA DEBE SER LITIGADO EN UN TRIBUNAL CIVIL DE LA JURISDICCIÓN COMPETENTE.**

13. Cualquiera de las partes puede solicitar al árbitro que solicita una medida cautelar hasta que se dicte la sentencia de arbitraje, o la controversia se resuelva de otra manera. Cualquiera de las partes puede, sin renunciar a ningún recurso bajo este Acuerdo, solicitar a cualquier tribunal competente cualquier alivio provisional o interino que sea necesaria para proteger los derechos o propiedad de esa parte, en espera del nombramiento del árbitro o en espera de la determinación del árbitro de los méritos de la controversia. Si bien la intención de las partes es que este Acuerdo se cumpla por completo, en la medida en que se requiera una acción judicial en ayuda de este Acuerdo, las partes acuerdan que dicha acción se presentará exclusivamente en el Tribunal de Distrito de Estados Unidos en el distrito en el cual usted este o estuvo empleado por última vez.

14. Las partes expresamente reconocen y aceptan que este Acuerdo implica comercio interestatal y la interpretación y cumplimiento de las disposiciones de arbitraje en este documento se regirán por las disposiciones de la Ley Federal de Arbitraje, 9 U.S.C. § 1 et seq., con exclusión de cualquier ley, ordenanza o norma judicial estatal o estatal diferente o inconsistente.

15. Los nuevos empleados deben firmar este Acuerdo como una condición de empleo.

16. Las Entidades SPLI, su Empleador Temporal de Personal, o su Empleador de Lugar de Trabajo son expresamente terceros beneficiarios de este Acuerdo.

17. Si por alguna razón las disposiciones de este Acuerdo que requieren arbitraje de disputas son inválidas, inaplicables o nulas, entonces, **EN LA MÁXIMA MEDIDA PERMITIDA POR LA LEY APLICABLE, USTED, LAS ENTIDADES SPLI, SU EMPLEADOR TEMPORAL DE PERSONAL, O SU EMPLEADOR DE LUGAR DE TRABAJO ACEPTAN EXPRESAMENTE RENUNCIAR A CUALQUIER DERECHO A SOLICITAR O EXIGIR UN JUICIO CON JURADO Y ACUERDAN QUE CUALQUIER DISPUTA SEA DECIDIDA ÚNICAMENTE POR UN JUEZ DEL TRIBUNAL.**

18. Nada en este Acuerdo modifica la naturaleza a voluntad de su empleo que puede rescindirse en cualquier momento, con o sin causa.

19. Este Acuerdo puede ser modificado, en su totalidad o en parte, o rescindido por SPLI solo después de que un representante autorizado de SPLI proporcione al menos 14 días de aviso por escrito de la modificación o terminación. El Acuerdo vigente en el momento en que un reclamo es presentado por una parte regirá el proceso por el cual se determina el reclamo.

20. Este Acuerdo representa la totalidad del acuerdo y entendimiento entre usted y SPLI, las Entidades SPLI, su Empleador Temporal de Personal y su Empleador de Lugar de Trabajo con respecto al tema tratado en este documento. Este Acuerdo reemplaza todos los convenios y acuerdos previos entre las partes sobre el tema tratado.

SPLI

By (Por): 

Its: Human Resource Administrator (Su: Administrador de Recursos Humanos)

AGREED and ACCEPTED as of (ACORDADO y ACEPTADO a partir de) _____, 20 ____

Employee Signature (Firma del Empleado):

Print Employee Name (Nombre impreso del Empleado):

USE BLACK OR BLUE INK ONLY

Form **8850**
(Rev. March 2016)
Department of the Treasury
Internal Revenue Service

**Pre-Screening Notice and Certification Request for
the Work Opportunity Credit**

OMB No. 1545-1500

► Information about Form 8850 and its separate instructions is at www.irs.gov/form8850.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name _____ Social security number ► _____

Street address where you live _____

City or town, state, and ZIP code _____

County _____ Telephone number _____

If you are under age 40, enter your date of birth (month, day, year) _____ Division _____

- 1 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 2 Check here if **any** of the following statements apply to you.
 - I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
 - a. Received SNAP benefits (food stamps) for the past 6 months; **or**
 - b. Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
 - During the past year, I was convicted of a felony or released from prison for a felony.
 - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
 - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.
- 3 Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 4 Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.
- 5 Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 6 Check here if you are a member of a family that:
 - Received TANF payments for at least the past 18 months; **or**
 - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years; **or**
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.
- 7 Check here if you are in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ► _____

Date _____



| | | |
|--|---|--|
| 1. Control No. (For Agency use only) | APPLICANT INFORMATION (See instructions on reverse) | 2. Date Received (For Agency Use only) |
| EMPLOYER INFORMATION | | |
| 3. Employer Name South East Personnel Leasing, Inc. | 4. Employer Address and Telephone 2739 US Highway 19 North Holiday, FL 34691 727-938-5562 | 5. Employer Federal ID Number (EIN) 59-3298197 |
| APPLICANT INFORMATION | | |
| 6. Applicant Name (Last, First, MI) | 7. Social Security Number USE BLACK OR BLUE INK ONLY | 8. Have you worked for this employer before? Yes ___ No ___ If YES, enter last date of employment: _____ |
| APPLICANT CHARACTERISTICS FOR WOTC TARGET GROUP CERTIFICATION | | |
| 9. Employment Start Date | 10. Starting Wage | 11. Position |
| 12. Are you at least age 16, but under age 40? If YES, enter your <i>date of birth</i> _____ | | |
| 13. Are you a Veteran of the U.S. Armed Forces? If NO, go to Box 14. If YES, are you a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (Food Stamps) for at least 3 months during the 15 months before you were hired? If YES, enter name of <i>primary recipient</i> _____ and <i>city and state</i> where benefits were received _____. OR, are you a veteran entitled to compensation for a service-connected disability? If YES, were you discharged or released from active duty within a year before you were hired? OR, were you unemployed for a combined period of _____ at least 6 months (whether or not consecutive) during the year before you were hired? | | |
| 14. Are you a member of a family that received Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps) benefits for the 6 months before you were hired? OR, received SNAP benefits for at least a 3-month period within the last 5 months But you are no longer receiving them? If YES to either question, enter name of <i>primary recipient</i> _____ and <i>city</i> _____ And <i>state</i> where benefits were received _____. | | |
| 15. Were you referred to an employer by a Vocational Rehabilitation Agency approved by a State? OR, by an Employment Network under the Ticket to Work Program? OR, by the Department of Veterans Affairs? | | |
| 16. Are you a member of a family that received TANF assistance for at least the last 18 months | | |

before you were hired?

OR, are you a member of a family that received TANF benefits for **any** 18 months beginning after August 5, 1997, and the earliest 18-month period beginning after August 5, 1997, ended within 2 years before you were hired?

OR, did your family stop being eligible for TANF assistance within 2 years before you were hired because a Federal or state law limited the maximum time those payments could be made?

If NO, are you a member of a family that received TANF assistance for any 9 months during the 18-month period before you were hired?

If YES, to any question, enter name of *primary recipient* _____ and the *city and state* where benefits were received _____.

17. Were you convicted of a felony or released from prison after a felony conviction during the year before you were hired?

If YES, enter *date of conviction* _____ and *date of release* _____.

Was this a Federal _____ or a State conviction _____? (Check one)

18. Do you live in an Empowerment Zone or Rural Renewal County (RRC)?

19. Do you live in an Empowerment Zone and are at least age 16, but not yet 18, on your hiring date?

20. Did you receive Supplemental Security Income (SSI) benefits for any month ending within 60 days before you were hired?

21. Are you a veteran unemployed for a combined period of at least 6 months (whether or not consecutive) during the year before you were hired?

22. Are you a veteran unemployed for a combined period of at least 4 weeks but less than 6 months (whether or not consecutive) during the year before you were hired?

23. Are you an individual who is or was in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation?

If YES, what state did you receive unemployment compensation in? _____

(Enter state where UI compensation was received)

24. **Sources used to document eligibility:** (**Employers/Consultants:** List all documentation provided or forthcoming. **For SWA Staff:** List all documentation used in determining target group eligibility and enter your initials and date when the determination was made.)

I certify that this information is true and correct to the best of my knowledge. I understand that the information above may be subject to verification.

25(a). Signature: (See instructions in Box 25.(b) for who signs this signature block)

25.(b) Indicate with a ✓ mark who signed this form:

Employer, Consultant, SWA,
 Participating Agency, Applicant, or
 Parent/Guardian (if applicant is a minor)

26. Date:

ETA Form 9061 (Rev. November 2016)

50537



LONG-TERM UNEMPLOYMENT RECIPIENT SELF-ATTESTATION FORM
Work Opportunity Tax Credit (WOTC) Program

Instructions: This Self-Attestation Form (SAF) is to be completed, signed, and dated by the new hire only. Employers or consultants submit this SAF to the State Workforce Agency with IRS Form 8850 or if filed separately, with ETA Form 9061 (or ETA Form 9062) for each certification request filed for the new target group.

Under penalties of perjury, I declare that this information is true and correct to the best of my knowledge.

New Hire's Signature: _____ Date _____

New Hire Name: _____

Social Security Number: _____ - □□□□
(Enter last four digits)

Employer Name: _____

Please check the statements below if they apply to you.

I declare that I was in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period I received unemployment compensation.

I declare that I have been in a period of unemployment since _____
(Enter start date)
(MM/DD/YYYY)

Privacy Act Notice:

The Internal Revenue Code of 1986, Section 51, as amended and its enacting legislation, P.L. 104-188, specify that the State Workforce Agencies are the "designated" agencies responsible for administering the WOTC certification procedures of this program. The information you have provided completing this form will be disclosed by your employer to the State Workforce Agency. Provision of this information is voluntary; however the information is required to determine your employer's eligibility for the federal tax credit.

Public Burden Statement:

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondents' obligation to complete this form is required to obtain or retain benefits (P.L. 111-5). Public reporting burden is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to the U.S. Department of Labor, Division of National Programs Tools Technical Assistance, Room C-4510, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0371). Please do not submit completed forms to this address.