HUMAN CAPITAL® STRATEGIES

EMPLOYEE ADVISEMENT NOTICE

Client (Company Name): _____ Location: _____

The company on whose premises you work is a client of Human Capital Strategies (HCS), which provides employee administration services under a staff leasing agreement. Through this arrangement, HCS becomes a joint employer with the company, but solely for purposes of collecting and paying Federal and State Withholding Taxes, including Social Security Taxes, and for handling personnel administration duties.

The company's owner or manager conducts management and supervision in the workplace, while all payroll and employment records are managed by HCS. All employees are covered by workers' compensation insurance. Consequently, any instance of injury on the job should be reported to your workplace supervisor immediately.

Your employment is at the mutual consent of the company and you, so either party can terminate the employment relationship at any time with or without cause or notice.

This, and other written directives issued by the company set forth the terms relating to your employment, and no other terms shall be effective unless in writing.

In signing below, you agree that any controversy or claim arising out of or relating to your employment with HCS or its client company shall be settled by arbitration administered by the American Arbitration Association under its Employment Dispute Resolution Rules, and any judgment or award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof as a judgment issued by the court.

You agree to abide by the company's substance abuse policy as stated in the Employee Handbook and agree that you will abide by the policy as a condition of employment, and any volition may result in disciplinary action, which may include discharge from employment, among other actions.

You agree to submit to testing for the presence of drugs or alcohol within 24 hours of a work-related injury. You understand that if you refuse to execute all forms of consent or refuse to consent to testing after a work-related injury, then HCS or Company has the right to implement disciplinary action, which may include discharge.

You acknowledge receipt of the company's employee handbook, and in consideration of your employment agree to read and abide by the policies and rules contained in it, including any changes communicated to employees in writing from time to time.

Employee's full legal name: _____

____ ____ ____ - ____ ____ - ____ ____ ____ ____ _____/_____/_____

Employee's Social Security Number: Original Employee Hire Date:

Employee's Phone Number _____ Email Address: _____

Pay Rate: _____ (hourly, salary, piecework, other, etc) Full-time _____ Part-time _____

Pay Frequency: Weekly _____ Biweekly _____ Semimonthly _____ Monthly _____ Other _____

Position/Job Title: _____

This information is being requested in this section is in accordance with federal regulations.
The information is voluntary and is not used for employment consideration

☐ Male ☐ Female	☐ Hispanic/Latino	☐ White/Caucasian
☐ American Indian/Alaskan	☐ Native Hawaiian/Pacific Islander	☐ Two or More Races
☐ Asian	☐ Black/African American	☐ Other _____

THE UNDERSIGNED FURTHER STATES THAT HE OR SHE HAS READ THE FOREGOING ADVISEMENT AND KNOWS THE CONTENTS THEREOF AND SIGNS THE SAME OF HIS OR HER OWN FREE WILL.

Employee Signature: _____ Date: _____

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