

SUMMIT STAFFING APPLICATION CHECKLIST;

Fill out the entire Application to the best of your ability. If you have questions, please call us at 254-647-1400.

Please read, sign, and date each policy statement and agreement. **Please double-check your application before submission.** Remember, each part of the application is important, and we cannot set-up your file in payroll without the I-9.

Complete the W-4 so that Summit can handle tax liabilities appropriately.

Attach your current resume. We need to see your skills and experience in order to make appropriate placement decisions. Also, most of our Clients require a copy of your resume before they will consider your placement.

Attach copies of your latest Basic Plus or any other safety related cards. If your Basic Card has training shown, we will need a copy of the back of your card to record that training in our data base.

Additionally, we will need a legible copy of your Driver's License and Social Security Card. If you have a passport, we will also need a copy of that...These are required to accompany the I-9 form.

If you have a TWIC card, we need a copy of both the front and back of the card. The back has a number on it near the bottom that we need to record so you will get credit for having the card.

The I-9 form is a 2-page document that the federal government requires all employers to have for every employee. Please fill out Page 1 and sign and date where indicated. This is Section 1.

Section 2 is the 2nd page of the document; and unless you are able to physically get to one of our offices, a notary should serve as our Authorized Representative and should fill out this page. If you have a passport or resident alien card, List A should be completed by the notary. If you do not have a document such as this, the notary should view your ID (usually a Driver's License) and your Social Security Card (or similar document like a birth certificate) and record the ID info in List B and the Work Eligibility in List C (i.e., SS card or Birth Cert info). The notary will then sign the page where it says, "Signature of Employer or Authorized Representative" (they can put a checkmark by authorized representative) and sign there for us. Their title will be "Notary." They do not have to seal the document, however, most notaries do affix their seal in the margin.

The completed application should be either e-mailed to: applications@sumstaf.com or faxed to

Summit at 254-647-5221. Thank you for completing our application. We look forward to working with you and placing you soon.

Date: _____



Employment History

Please List - all Employment starting with present or most recent employer.

Recent Employment History

Please list all Employment starting with present or most recent.

Most Recent Employer	From (Mo/Yr) To (Mo/Yr)	Supervisor	Salary

Address: _____

Position Held: _____

Reason for Leaving: _____ Still Working: Y N

Previous Employer	From (Mo/Yr) To (Mo/Yr)	Supervisor	Salary

Address: _____

Position Held: _____

Reason for Leaving: _____

Prior Employer	From (Mo/Yr) To (Mo/Yr)	Supervisor	Salary

Address: _____

Position Held: _____

Reason for Leaving: _____

Prior Employer	From (Mo/Yr) To (Mo/Yr)	Supervisor	Salary

Address: _____

Position Held: _____

Reason for Leaving: _____

Other Periods of Employment or State of Unemployment Compensation:

Please Print Name

Signature

Date: _____

Date: _____

Employee Direct Deposit Authorization



Per Diem

How It Works

When you receive your Comdata/Master Card, please go to www.sumstaf.com, click on "Contact Us" then click on 'MyCard' in order to get your new card activated, fill out the "request form" and your card will be activated. You will then call the 800 number on the card in order to set up your "pin number," and user ID.

(You will need this information to fill out the form: (1) Your full name, (2) Date of birth, (3) Phone number, (4) Card number (5) Expiration date on the card.)

As a General Rule, the date you travel to a job site, you will receive a week's worth of per diem, prepaid. This is a perk we provide, to the best of our ability, to our employees that have to travel to job site. Please be aware that weekends, holidays, bank wire delays, substantial levels of field deployment as well as Comdata and computer issues may affect our ability to put per diem on in advance.

To request a per diem load on your Comdata card, go to www.sumstaf.com - click on "Contact Us" and then "Per Diem Request." Follow all directions on that web page. If you have any questions or problems, please call 254-647-1400 for assistance. Your Per Diem will be loaded as soon as possible. And should be on by the end of the day you make the request. Please only request Per Diem on the date it is due. Please read all the information available on the web page.

It is your responsibility to request your Per Diem weekly on the due date. You must make the request each week you are still on the job site. Failure to make your request will result in delays in receiving the prepaid per diem.

If you have any difficulty with the web site or form please call us at 254-647-1400. Someone will be ready to help you through the process or if there are technical problems a work around will be found.

Other forms on the "Contact Us" tab such as "Go Out List " and "Employee Self-Update Page" tabs are on the website for your convenience to list yourself as available to go out on a job or to inform us of any important changes to your phone number or address etc.

I have read and understand this document and the information contained on the web page.

Signature: _____ Date: _____

Please Print Your Name: _____

WAGE OVERPAYMENT /UNDERPAYMENT POLICY

The Company takes all reasonable steps to ensure that employees receive the correct amount of pay in each paycheck and that employees are paid promptly on the scheduled paydays.

In the unlikely event that there is an error in the amount of pay, the employee should promptly bring the discrepancy to the attention of the Payroll Manager so that corrections can be made as quickly as possible. If the employee has been underpaid, the Company will pay the employee the difference as soon as possible. If the employee has been paid in excess of what he or she has earned, the employee will need to return the overpayment to the Company as soon as possible. No employee is entitled to retain any pay in excess of the amount he or she has earned according to the agreed-upon rate of pay. If a wage overpayment occurs, the overpayment will be regarded as an advance of future wages payable and will be deducted in whole or in part from the next available paycheck(s) until the overpaid amount has been fully repaid. Each employee will be expected to sign a wage deduction authorization agreement authorizing such a deduction.

Note: The main reason for overpayment to the employee is overpayment of per diem. Most often the employee receives 1 full week of per diem for a job. That job may end in 3 days. This leaves 4 days of per diem on employees debit card. Employee has thus been over paid and this amount will be deducted from employees following paycheck.

I understand this policy and agree to its terms.

We ask that employees realize that pay errors are not intentional and that employees be understanding if such an event occurs

Sign and return with employee packet.

Document in the main taken from Texas State Government Web Site:

http://www.twc.state.tx.us/news/eftw/wage_overpayment_policy.html

Signature

Print Name

Date

Summit Staffing, Inc.: Temporary Employment Status Statement

Summit Staffing, Inc. is a temporary staffing service for placement of personnel primarily (but not limited to) the energy sector. We supply mechanics, millwrights, welders, electrical technicians, inspectors, engineers and other workers who primarily specialize in maintenance and repair of rotating equipment and other types of assignments that service this sector. The following conditions apply to employees with temporary status:

All Summit Staffing positions are non-permanent, unless otherwise specified, Schedules are variable and there is no guarantee of being scheduled for work.

It is understood and agreed that I, (employee), am expected to contact Summit Staffing after completing an assignment to determine if there is work available. It is agreed that if the employee, does not continue to contact Summit Staffing at least every six (6) months Summit Staffing will understand that the employee is not available and I, (employee), will be placed on "leave of absence" status. Should I be desire to return to "active duty" I should go online (www.sumstaf.com) and place myself on the "Availability List" ie "Go Out List" or if that is impossible, I should contact Summit Staffing and will be returned to the active availability list. Active duty is still at will and jobs remain temporary in nature.

Workmen's Compensation Insurance is provided.

Summit Staffing provides no benefits

Summit Staffing is an "at will", employer and employment can be terminated by either party at any time.

I have read and understand the statements above.

Signature

Print Name

Date

Release of Criminal Records

I, the Undersigned, do hereby authorize this staffing company to receive and examine any and all criminal records and or arrests from Law Enforcement and/or Criminal Agencies on file in any state or territory of the United States of America. In doing so, I understand that I am waiving my right of confidentiality concerning my criminal history in regards to my employment (both permanent and temporary) through this staffing company and its clients.

Please give First, Middle and Last Name. Most vendors are requiring this now. It will only slow down processing time if information is missing.

Please Print-- Complete all sections to the best of your ability

Name (Last) (First) MI

Mailing Address: PO Box # or Street #

[illegible]

Address (City)								(State)		(Zip Code)							

Phone (Home)

			-				-				
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 Cell Phone

			-				-				
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Email	

Social Security Number										Date of Birth									
												-			-				

Driver's License Number										State		Driver's License Expiration Date							
														-			-		

[illegible][illegible]

If ou have lived at the above address less than 3 years, fill in previous addresses:

Address: Address a Address b Address c

City: _____

State

County or Parish _____

Zip Code: _____

Signature

Date _____



Policies and Procedures

1. I understand Summit Staffing, Inc. takes their responsibility as my employer very seriously and that they have gone to great lengths to provide a safe work environment. If I am injured on the job, this staffing company will deal promptly with legitimate claims and has workers compensation insurance. I also understand that this staffing company has extensive experience investigating claims and will fight fraudulent claims with all available resources.
2. If I sustain an injury on the job, I will inform the client and this staffing company immediately. Staffing company will coordinate with the client and myself the proper procedures for treatment and reporting of the accident.
3. This staffing company has a strict "Substance Abuse Policy," and I have signed a consent form to submit to drug testing. I understand that my failure to comply with this agreement will be grounds for my immediate termination.
4. I understand and will comply with this staffing company's safety rules and regulations and hazardous communication program explained to me in this staffing company's orientation.
5. I am telephone accessible and I have reliable transportation.
6. I understand that I am an employee of Summit Staffing Inc. and only this staffing company or I can terminate my employment. When an assignment ends I must report to this staffing company for my next job assignment. Failure to do so, or failure to accept my next job assignment will indicate that I have voluntarily quit and will not be eligible for unemployment benefits.
7. I understand that I am expected to complete any job assignment I accept. I understand that if I do not complete or promptly notify Summit Staffing, Inc. of my inability to complete the assignment, or if I do not report for my assignment then this staffing company may assume that I have voluntarily quit, and I will not be eligible for unemployment benefits.
8. I understand that if I leave a job prior to completion or if I am terminated for cause on a job, by client or the staffing company, my travel home costs may not be covered and my per diem ends at time of termination.
9. If for some unexpected reason, such as an emergency or illness, I cannot make it to work or will be late, I will contact this staffing company as soon as possible.
10. I understand this staffing company's requirements for receiving information, documenting hours worked, the method of providing this information, and the time frame for me to provide this information. I understand this staffing company will not recognize or pay for any hours worked by an employee without proper documentation verifying hours worked.
11. I understand I am applying with Summit Staffing, Inc. and they will be my employer on the jobs on which they send me.
12. I have read and fully understand the above statements regarding this staffing company's policies and procedures and agree to the same. I understand that failure to comply with these policies and procedures could lead to my termination and may jeopardize my insurance benefits.

Signature

Print Name

Date

GENERAL SAFETY RULES

This staffing company has developed these safety rules patterned after the Federal OSHA requirements. Read and become familiar with these rules and other safety rules that apply to your job.

1. **Report an injury** to your employer/supervisor **immediately**.
2. **Report** any observed **unsafe condition** to your employer/supervisor.
3. **Horseplay** is prohibited at all times.
4. The **drinking** of alcoholic beverages is not permitted on the job. Any employee discovered under the influence of alcohol or **drugs** will not be permitted to work.
5. If you do not have current **First Aid Training**, do not move or treat an injured person unless there is an immediate peril, such as profuse bleeding or stoppage of breathing.
6. **Appropriate clothing** and footwear must be worn on the job at all times.
7. Where there exists the hazard of falling objects, or is required by contractor, supervisor and/or worksite rules an approved **hard hat** must be worn.
8. **You should not perform** any task unless you are trained to do so and are aware of the hazards associated with that task.
9. Do not operate **ANY** equipment that requires certification **unless you are certified** on that equipment. This includes Cranes, Hoists, Jib Cranes, Fork Lifts, and more.
10. You may be assigned certain personal protective safety equipment. This equipment should be **available** for use on the job, be **maintained** in good condition and **worn** when required.
11. Learn safe work practices. **When in doubt** about performing a task safely, contact your supervisor for instruction and training.
12. The **riding of a hoist hook**, or on other equipment not designed for such purposes, is prohibited at all times.
13. **Never** remove or by-pass safety devices.
14. Do not approach operating machinery **from the blind side**; let the operator see you.
15. Learn where **fire extinguishers and first aid kits** are located.
16. Maintain a general condition of **good housekeeping** in all work areas at all times.
17. **Obey** all traffic regulations when operating vehicles on public highways.
18. When operating or riding in company vehicles or using your personal vehicle for business purposes, the vehicle's **seatbelt** shall be worn.
19. **Be alert** to hazards that could affect you and your co-employees.
20. **Obey** safety signs and tags.
21. Always perform your assigned task in a safe and proper manner; **do not take shortcuts**. The taking of shortcuts and the ignoring of established safety rules is a leading cause of employee injury.

I certify that I have read, understand and will abide by the above listed safety rules.

Failure to do so may be grounds for termination and may disqualify my insurance benefits.

Applicant's Signature

Print Name

Date



SUBSTANCE ABUSE POLICY

The purpose is to help provide a drug free environment for our clients and our employees. With this goal and because of the serious drug abuse problem in today's workplace, we are establishing the following policy for existing and future employees of Summit Staffing, Inc. which explicitly prohibits:

The use, possession, solicitation for or sale of narcotics or other illegal drugs, alcohol, or prescription medication without a prescription on company or customer premises or while performing an assignment.

Being impaired or under the influence of legal or illegal drugs or alcohol off the company or customer premises that adversely affects the employee's work performance, his or her own or other's safety at the workplace, on/off the company or customer premises, or the employer's reputation.

Pre-Employment: As may be required by client.

Randomly: A random selection of some employees for testing will be done unannounced.

For Cause: When it is the company's belief that a drug problem exists (such as evidence of drugs, accidents, injuries in the workplace, fights or other behavioural symptoms of drug abuse, negative performance patterns, excessive absenteeism or tardiness) for-cause testing will be utilized.

Employees of Summit Staffing, Inc. who refuse to submit to drug testing, test positive or admit to substance abuse will be subject to termination.

Also, employees of Summit Staffing, Inc. who test positive or admit to substance abuse will be referred to local public agencies that provide rehabilitation and counseling services. The results of all drug testing will be treated confidentially and for no purpose other than for making employment related decisions.

Drug Screen Release

I hereby authorize and give full permission to have this staffing company and/or their medical company physician send a specimen of my urine and/or blood or hair follicle to a laboratory for screening test using Substance Abuse & Mental Health Services Administration (S.A.M.H.S.A) (www.samhsa.gov) standards for the presence of illegal drugs, alcohol, or prescription medication taken without a prescription.

I will hold all parties concerned "harmless" meaning I will not sue or hold responsible for any alleged harm to me or interfering with my obtaining a job or continuing employment due to not submitting to the tests or as a result of the report of the tests. This includes, but is not limited to, possible clerical or laboratory error.

I authorize that the results of any drug test be communicated and disclosed to third parties such as those whose facilities I may be working in or to Summit clients whom I may be working for.

This policy and authorization has been explained to me in a language I understand and told if I have any question they will be answered about the test. I understand this is a legal and binding document, which is binding because this staffing company is sending me for the examination and paying for it.

I UNDERSTAND THIS STAFFING COMPANY WILL REQUIRE A DRUG SCREEN TEST WHENEVER AN ON THE JOB ACCIDENT OR INJURY IS REPORTED IN ACCORDANCE WITH COMPANY POLICY AND THIS AUTHORIZATION AND CONSENT. MY REFUSAL TO SUBMIT TO DRUG TESTING WILL BE GROUNDS FOR TERMINATION.

Signature

Print Name

Date



Job Site Tool- Required

SSI Employees- recommended tools and equipment list:

- A. Combination wrenches 3/8" through 1-1/4"
- B. 1/2" Drive Sockets 3/8" through 1-1/4"
- C. 1/2" Drive Ratchet
- D. 1/2" Extensions 1-3", 1-6". 1-12" and universal joint
- E. Crescent Wrench - 8", 10" or 12"
- F. Standard Channel Locks - #430 2" Jaw
- G. Gasket Scraper
- H. Hammer —1 lb ball peen
- I. Pliers —(1)needle nose (1)diagonal cutters (1)tin snips
- J. Screwdrivers - flat tip and Phillips
- K. (2)chisels, (2)punches and (1)Heel bar
- L. 6" Wet Stone
- M. Hacksaw and extra blades
- N. Flashlight and batteries
- O. Inspection mirror
- P. Magnetic Pick Up Tool or Fingers
- Q. Set of Allen Wrenches 1/16" through 3/8" by 1/32"
- R. Feeler Gauges set of each- 4" and 12"
- S. Set of 8" Dividers
- T. Quality Tape Measure at least 12'
- U. Pipe Wrench—small 10" — 14"
- V. 0" to 1" micrometer or 6" dial calipers

Expectations:

Other items that are to be brought by Summit's employees to every job are: (1) Driver's License (with photo, also make sure it's not expired) (2) valid Social Security Card (3) ALL safety council cards and/or site cards (4) Dark blue NOMEX or FRC's (job dependent) and white hard hat (No past employer's name on them)...(5) Steel toed boots or shoes. (6) One pair of safety glasses. (7) Bring above-mentioned tools. Tool bags are also subject to inspection as provided for in the Agreement.

All Individuals/workers are to be clean-shaven, be on time, work their entire shift, and work safely at all times. Any issue should be reported to your Summit and job supervisor and also to the main office at 254-647-1400.

_____(print name), acknowledge that I have read and understand the above qualifications regarding working for Summit Staffing Inc.

Signature

Date



Acknowledgement and Disclosure Statement

Acknowledgement of Coverage and Business Location

I understand that Summit Staffing Inc. maintains Worker's Compensation insurance. I further agree that the principal location of Summit Staffing Inc. is in Ranger, Texas. I agree that the process of recruiting and hiring employees is based out of this Texas office. I also understand that I am subject to coverage of Worker's Compensation insurance as is applicable by Texas law.

Signature

Print Name

Date

APPLICATION DISCLOSURE STATEMENT

I hereby declare that all statements contained in this application package, inclusive of background check, are true and correct and I understand that false or inaccurate or incomplete information in the application could result in non-hire or termination.

I hereby authorize Summit Staffing, Inc. to investigate my background and verify this information. I understand that if employed, my employment will not be for any fixed period of time and may be terminated by the company at any time. I also authorize Summit Staffing, Inc to release the information contained herein, and its findings, and work history, upon request, to other firms or persons interested in my services.

I also understand and agree that I may be expected to work on a wide variety of job assignments and agree to accept assignments for which I am qualified as they become available. I also understand my failure to report to assigned job site for work will indicate I have quit. I also agree to submit to a drug screen upon request or as specified in Summit Staffing, Inc.'s substance abuse policy.

All employment is at-will which is determined by SSI and SSI's client's needs and by the successful job bids made to their clients. The key to further opportunities for employment depends on satisfying and fulfilling our client's requests.

Signature

Print Name

Date

Reaching Summit Staffing After Hours

Summit Staffing's priority number is 254-647-1400. It is the number that you need to use for most communications with the company. This is the number that you should use after hours. It is the number that will be forwarded to who is on call that evening. Sometimes you will see a different number on your caller ID. All of these numbers are Summit Staffing numbers, but only the above number is forwarded for after hours calls. If you call the other numbers you will most likely be sent to voice mail. But the above number will be forwarded to a cell phone. You should get an answer or a call back shortly if you dial 254-647-1400.