



EMPLOYEE AGREEMENT FORM

ACLINE HR

Employee Leasing the Way it Should Be... **SIMPLE SAFE SECURE**

Section 1 Completed by EMPLOYEE - please print plainly

Last Name _____			First Name _____			MI _____		
Mailing Address _____								
City _____			State _____			Zipcode _____		
Home Phone (_____) _____				Cell Phone (_____) _____				
SSN _____ - _____ - _____			DOB ____/____/____ (mm/dd/yyyy)			<input type="checkbox"/> Male <input type="checkbox"/> Female		
Emergency Contact _____						Relationship _____		
Emergency Contact Phone (_____) _____			Emergency Contact Phone (_____) _____					
Have you ever been convicted of a crime, entered a no contest plea to a crime, pled guilty to a crime, or had adjudication withheld for a crime?							<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you out on bail or free on your own recognizance pending a disposition of trial?							<input type="checkbox"/> Yes <input type="checkbox"/> No	
If you answered "yes" to any of the above questions, please detail below.								
<small>Answering "yes" does not automatically prevent you from being hired. The facts of the case as they relate to the job for which you have applied will be considered. However, omission or misrepresentation related to the above two questions may be grounds for disciplinary action, including discharge.</small>								
Employee Signature _____						Date _____		

Section 2 Completed by CLIENT - please print plainly

Client Company Name _____	
Employee's Job Description _____	
Worker's Comp Code _____	
Original Hire Date(if known) ____/____/____	PEO Hire Date ____/____/____
Rate of Pay \$ _____ <input type="checkbox"/> hrly <input type="checkbox"/> salary <input type="checkbox"/> piecework <input type="checkbox"/> commission <input type="checkbox"/> other _____	
Authorized Client Signature _____	
Date _____	

Please return this form to: ACLINE HR, 25074 Olympia Avenue, Suite 110, Punta Gorda, FL 33950

ACLINE HR

Office: 941 347 8625 | **Fax:** 941 347 8612 | info@aclinehr.com | www.aclinehr.com | Lic. EL397

AGREEMENT

I, THE UNDERSIGNED EMPLOYEE, IN CONSIDERATION OF MY HIRING BY ACLINE CONSULTING, INC. D/B/A/ ACLINE HR ("ACLINE HR") AS AN AT-WILL LEASED EMPLOYEE OF ACLINE HR, ACKNOWLEDGE AND AGREE TO THE FOLLOWING:

- I HAVE BEEN HIRED AS AN AT-WILL EMPLOYEE OF ACLINE HR WHICH IS AN EMPLOYEE LEASING COMPANY, THERE IS NO CONTRACT OF EMPLOYMENT WHICH EXISTS BETWEEN ME AND THE CLIENT TO WHICH I HAVE BEEN ASSIGNED, NOR BETWEEN ACLINE HR AND ME AND ACLINE HR HAS NO LIABILITY WITH REGARD TO ANY EMPLOYMENT AGREEMENT.
- I UNDERSTAND AND AGREE THAT EITHER ACLINE HR OR I CAN TERMINATE OUR EMPLOYMENT RELATIONSHIP AT ANY TIME AS I AM AN AT-WILL EMPLOYEE OF ACLINE HR. I FURTHER UNDERSTAND AND AGREE THAT CONTINUED EMPLOYMENT WITH THE CLIENT TO WHICH I HAVE BEEN ASSIGNED IS AN ESSENTIAL REQUIREMENT FOR EMPLOYMENT WITH ACLINE HR AND THAT IF MY EMPLOYMENT WITH THE CLIENT TO WHICH I HAVE BEEN ASSIGNED ENDS, MY EMPLOYMENT WITH ACLINE HR WILL ALSO IMMEDIATELY END AT THAT TIME.
- I ALSO AGREE THAT WHILE I AM A LEASED EMPLOYEE OF ACLINE HR, IF ACLINE HR DOES NOT RECEIVE PAYMENT FROM CLIENT FOR SERVICES WHICH I PERFORM AS A LEASED EMPLOYEE, ACLINE HR WILL STILL PAY ME THE APPLICABLE MINIMUM WAGE (OR THE LEGALLY REQUIRED MINIMUM SALARY) FOR ANY SUCH PAY PERIOD, AND I AGREE TO THIS METHOD OF COMPENSATION. I UNDERSTAND AND AGREE THAT ACLINE HR HAS NO OBLIGATION TO PAY ME ANY OTHER COMPENSATION OR BENEFIT UNLESS ACLINE HR HAS SPECIFICALLY, IN A WRITTEN AGREEMENT WITH ME, ADOPTED THE CLIENT'S OBLIGATION TO PAY ME SUCH COMPENSATION OR BENEFIT. I UNDERSTAND THAT THE CLIENT TO WHICH I AM ASSIGNED AT ALL TIMES REMAINS OBLIGATED TO PAY ME MY REGULAR HOURLY RATE OF PAY IF I AM A NON-EXEMPT EMPLOYEE AND TO PAY ME MY FULL SALARY IF I AM AN EXEMPT EMPLOYEE EVEN IF ACLINE HR IS NOT PAID BY THE CLIENT TO WHICH I AM ASSIGNED. I UNDERSTAND AND AGREE THAT ACLINE HR DOES NOT ASSUME RESPONSIBILITY FOR PAYMENT OF BONUSES, COMMISSIONS, SEVERANCE PAY, DEFERRED COMPENSATION, PROFIT SHARING, VACATION, SICK, OR OTHER PAID TIME OFF PAY, OR FOR ANY OTHER PAYMENT, WHERE PAYMENT FOR SUCH ITEMS HAS NOT BEEN RECEIVED BY ACLINE HR FROM THE CLIENT TO WHICH I AM ASSIGNED.
- I HAVE BEEN INFORMED AND I AGREE THAT IF MY ASSIGNMENT WITH ANY ACLINE HR CLIENT TO WHICH I AM ASSIGNED ENDS FOR ANY REASON, I MUST REPORT BACK TO ACLINE HR WITHIN SEVENTY-TWO (72) HOURS FOR POSSIBLE REASSIGNMENT AND THAT UNEMPLOYMENT BENEFITS MAY BE DENIED ME IF I FAIL TO DO SO.
- IN RECOGNITION OF THE FACT THAT ANY WORK RELATED INJURIES WHICH MIGHT BE SUSTAINED BY ME ARE COVERED BY STATE WORKERS' COMPENSATION STATUTES, AND TO AVOID THE CIRCUMVENTION OF SUCH STATE STATUTES WHICH MAY RESULT FROM SUITS AGAINST THE CUSTOMERS OR CLIENTS OF ACLINE HR OR AGAINST ACLINE HR BASED ON THE SAME INJURY OR INJURIES, AND TO THE EXTENT PERMITTED BY LAW, I HEREBY WAIVE AND FOREVER RELEASE ANY RIGHTS I MIGHT HAVE TO MAKE CLAIMS OR BRING SUIT AGAINST ANY CLIENT OR CUSTOMER OF ACLINE HR OR AGAINST ACLINE HR FOR DAMAGES BASED UPON INJURIES WHICH ARE COVERED UNDER SUCH WORKERS' COMPENSATION STATUTES.
- I ALSO AGREE TO COMPLY WITH ANY DRUG TESTING POLICY WHICH ACLINE HR MAY ADOPT, AND I SPECIFICALLY AGREE TO POST-ACCIDENT DRUG TESTING IN ANY SITUATION WHERE IT IS ALLOWED BY LAW.
- IN ADDITION, I ALSO AGREE THAT IF AT ANY TIME DURING MY EMPLOYMENT I AM SUBJECTED TO ANY TYPE OF DISCRIMINATION, INCLUDING DISCRIMINATION BECAUSE OF RACE, SEX, AGE, GENETIC INFORMATION, RELIGION, COLOR, RETALIATION, NATIONAL ORIGIN, HANDICAP, DISABILITY, OR MARITAL STATUS, OR IF I AM SUBJECTED TO ANY TYPE OF HARASSMENT INCLUDING SEXUAL HARASSMENT, I WILL IMMEDIATELY CONTACT AN APPROPRIATE PERSON OF THE CLIENT COMPANY TO WHICH I HAVE BEEN ASSIGNED. IN MOST INSTANCES, THIS APPROPRIATE PERSON WILL BE THE PRESIDENT OF THE CLIENT COMPANY. SHOULD I CHOOSE NOT TO CONTACT THE CLIENT COMPANY FOR ANY REASON, I MAY CONTACT ACLINE HR'S HUMAN RESOURCES DIRECTOR AT 1-877-709-9002 IN ORDER TO OBTAIN ASSISTANCE IN THE RESOLUTION OF SUCH MATTERS. I UNDERSTAND AND AGREE ACLINE HR DOES NOT HAVE ACTUAL CONTROL OVER MY WORKPLACE AND AS SUCH, IS NOT IN A POSITION TO END OR REMEDIATE ANY DISCRIMINATION, HARASSMENT, OR RETALIATION WHICH MAY BE OCCURRING. THE RESPONSIBILITY TO RESOLVE AND/OR END SUCH INAPPROPRIATE CONDUCT RESTS WITH THE CLIENT COMPANY, HOWEVER, ACLINE HR WILL ATTEMPT TO FACILITATE A RESOLUTION.

I UNDERSTAND AND AGREE THAT IF I AM ACCEPTED AS A LEASED EMPLOYEE OF ACLINE HR, I AM EXPRESSLY PROHIBITED FROM PERFORMING ANY WORK OUTSIDE THE STATE OF FLORIDA FOR CLIENT DURING MY STATUS AS A LEASED EMPLOYEE EXCEPT AS IS ALLOWED PURSUANT TO THE WORKERS' COMPENSATION POLICY PROVIDED TO ME BY ACLINE HR OR EXCEPT AS MAY BE ALLOWED IN WRITING BY ACLINE HR AND ACLINE HR'S WORKERS' COMPENSATION CARRIER. IF I WORK OUTSIDE THE STATE OF FLORIDA FOR CLIENT WITHOUT FIRST SECURING THIS APPROVAL, I UNDERSTAND THAT, I WILL NOT BE A LEASED EMPLOYEE OF ACLINE HR AND MAY NOT BE PROVIDED WORKERS' COMPENSATION BENEFITS THROUGH ACLINE HR OR ACLINE HR'S WORKERS' COMPENSATION CARRIER. MY LEASED EMPLOYMENT WITH ACLINE HR WILL BE CONSIDERED IMMEDIATELY TERMINATED UPON COMMENCEMENT OF MY TRIP OUTSIDE THE STATE OF FLORIDA TO PERFORM WORK FOR CLIENT WHERE PRIOR APPROVAL HAS NOT BEEN RECEIVED AS SET FORTH HEREIN.

Employee Signature

Date

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