



APPLICATION FOR EMPLOYMENT

How did you hear about us? _____
Referred by? _____

Please use BLUE/ BLACK INK ONLY. Complete application in its entirety even if a resume is submitted.

Desired Position:

Available Hours:

Minimum Salary:

PERSONAL INFORMATION

Last Name		First Name		MI	Soc. Sec #
Home Phone		Cell Phone			
Address				Apt #	How Long?
City	State	Zip	Email		
Previous Address				Apt #	How Long?
City				State	Zip

BACKGROUND INFORMATION

If offered employment, can you submit verification of legal right to work in the US? Yes, or No				
If required by position, can you submit verification of US citizenship? Yes, or No				
Have you ever been convicted of a crime? (Felony: YES NO or Misdemeanor: YES NO), found guilty or entered a plea of nolo contendere (no contest) even if adjudication was withheld? If yes provide detail (Felony, Misdemeanor, dates and details). Your answer will be checked against local, State and Federal records. An affirmative answer will not necessarily disqualify you from consideration; however, failure to answer this question accurately could cause denial of employment.				
Do you have a valid driver's license? Yes No If yes, State issued: License No.				
	NAME, ADDRESS AND PHONE # OF EMPLOYER	POSITION	REASON FOR LEAVING	CONTACT SUPERVISOR
Month-Day-Year From: ____-____-____ To: ____-____-____				
Month-Day-Year From: ____-____-____ To: ____-____-____				
Month-Day-Year From: ____-____-____ To: ____-____-____				

EDUCATION

	NAME AND LOCATION OF SCHOOL	# OF YEARS ATTEND ED	DID YOU GRADUATE?	SUBJECT STUDIED
HIGH SCHOOL				
COLLEGE				

APPLICANT SIGNATURE _____ AGENCY REP SIGNATURE _____

PLEASE INDICATE IN WHICH SKILLS YOU ARE QUALIFIED AND WISH TO CONTINUE UTILIZING. MARK "B" FOR BEGINNER OR "E" FOR EXPERIENCED.

ACCOUNTING			MEDICAL			LIGHT INDUSTRIAL		
ACCOUNTANT-SENIOR			CERTIFIED MEDICAL ASSISTANT			CASHIERING		
ACCOUNTING ASSISTANT			CERTIFIED NURSING ASSISTANT			COOKING		
ACCOUNTS PAYABLE			COUNSELING			DRIVING		
ACCOUNTS RECEIVABLE			MEDICAL BILLING			INDUSTRIAL ASSEMBLY		
AUDITING			MEDICAL CODING			INVENTORY		
BOOKKEEPING			MEDICAL PATIENT CARE			LANDSCAPING		
COLLECTIONS			MEDICAL RECORDS			MACHINE OPERATOR		
INVOICING			MEDICAL TERMINOLOGY			MAINTENANCE		
PAYROLL			PHARMACY TECHNICIAN			PAINTING		
PURCHASING			RESIDENTIAL CARE ASSISTANT			PRODUCTION		
ADMINISTRATIVE			X-RAY TECHNICIAN			QUALITY CONTROL		
ADMINISTRATIVE ASSISTANT			INFORMATION TECHNOLOGY			SHIPPING & RECEIVING		
CORRESPONDENCE			DESIGN			STOCKING		
DATA ENTRY			DESKTOP PUBLISHING			TEXTILES		
EDITING			GRAPHICS			WAREHOUSE		
FILING			SYSTEM ADMINISTRATION			HOSPITALITY		
HR BENEFITS			SYSTEM PROGRAMMING			BARTENDING		
HR GENERALIST			SOFTWARE			CATERING/SERVING		
INTERNET			AS400			HOUSEKEEPING/CLEANING		
OFFICE MANAGER			ACCESS			JANITORIAL		
RECEPTION			C++ CODING			SKILLED TRADES		
TYPING			CAD/AUTOCADD/DRAFTMAN			AIR CONDITIONING		
INSURANCE			CISCO			ELECTRICAL ENGINEERING		
220 & 440			CRYSTAL REPORTS			FORKLIFT		
CLAIMS PROCESSING			DREAMWEAVER			GAS OR PROPANE		
MANAGEMENT			FRONT PAGE			MARINE		
ADVERTISING			GREAT PLAINS			MECHANICAL DRAFTING		
MANAGEMENT EXPERIENCE			JAVA			MECHANICAL ENGINEERING		
MARKETING			LINUX			METAL FABRICATION		
PROJECT MANAGEMENT			MEDITECH			PLUMBING		
PUBLICITY			MICROSOFT EXCEL			PRINTER/PRESS OPERATOR		
PUBLIC SPEAKING			MICROSOFT OUTLOOK			WELDING		
REAL ESTATE			MICROSOFT POWERPOINT			WORK TYPE		
CAM			MICROSOFT WORD			FULL TIME HOURS		
LOAN PROCESSING			NOVELL			PART TIME HOURS		
PROPERTY MANAGEMENT			ORACLE			TEMPORARY		
REAL ESTATE AGENT			PAGEMAKER			TEMP-TO-HIRE		
SALES			PEACHTREE			DIRECT HIRE		
CALL CENTER			PEOPLESOF					
CUSTOMER SERVICE			PHOTOSHOP					
INSURANCE SALES			QUATROPRO					
INSIDE SALES			QUICKBOOKS					
OUTSIDE SALES			QUARK					
RETAIL EXPERIENCE			SAGE					
SALES EXECUTIVE			SQL					
SALES MANAGER			UNIX					
SALES REPRESENTATIVE			VISUAL BASIC					
SCHEDULING								
TELEMARKETING								

EEO Statement

Daytona Employment is an Equal Opportunity Employer. Daytona Employment seeks and employs qualified persons in all job classifications and positions without discrimination on the basis of race, sex, color, religion, national origin, age, handicap, disability, marital or veteran status. Law specifically prohibits such discriminatory practices. This policy governs all areas of employment at Daytona Employment, including recruiting, hiring, training, assignments, promotions, compensation, benefits, discipline, and termination. If you believe your equal employment rights have been violated, you may contact the Equal Employment Opportunity Commission, the Federal Communications Commission or the appropriate state or local EEO agency.

AGREED UPON CONDITIONS OF EMPLOYMENT

I understand that the State of Florida is a "right to work" state, meaning that either my employer or I may terminate the employment relationship at any time, with or without notice, for any lawful reason.

I acknowledge that any false, incomplete, or misleading information I provide on this application form, in a résumé, or in a pre-employment interview will be grounds to deny my application or, if discovered later, for immediate dismissal from employment.

TEMPORARY PERSONNEL ACKNOWLEDGEMENT

I hereby acknowledge that I am applying for employment through Daytona Employment. In the course of my work, I may learn certain confidential information about the company to which I am assigned including information about customers, marketing plans, technical matters and/or employment practices. During, and after my assignment, I agree not to disclose any of this information to any person outside the company for profit or otherwise. If I violate this agreement, the company will have the right to pursue any action against me for damages and injunctive relief, and I will be responsible for paying all of the court costs and/or attorney's fees incurred.

In addition, I acknowledge that Daytona Employment is my employer and is solely responsible for paying me for my services and providing any other benefits associated with my employment. I further understand that I can not accept an offer of employment from any company to which I am assigned without prior approval from Daytona Employment.

EMPLOYEE ACKNOWLEDGEMENT

I hereby certify that all of the facts and information listed on this employment application are true and complete. I understand that any false, incomplete or misleading information given by me on this application is sufficient cause for rejection of this application, and if discovered after employment has been offered, will result in my dismissal.

I hereby authorize Daytona Employment or their assigned designee, to investigate all statements contained herein, to interview the references and previous employers listed in this application, and to obtain a report from a consumer reporting agency to be used for employment purposes in accordance to the Fair Credit Reporting Act.

I authorize all of the references and previous employers listed to give Daytona Employment all facts, opinions and evaluations concerning my previous employment and any other information they may have, personal or otherwise, and release all such parties from any liability which may allegedly arise from furnishing such information to Daytona Employment including, but not limited to, any liability for defamation of character or invasion of privacy.

If I am offered employment, I understand that such an offer may be conditioned upon satisfactory results of a background investigation and/or medical examination or inquiry, including, but not limited to, a drug test. If employed, I further understand that my employment and compensation can be terminated, with or without cause or notice, at any time. I understand that no supervisor or other representative of Daytona Employment other than the President of Daytona Employment has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I understand that while employed with Daytona Employment that I must report any new incidents, arrests and/or convictions within ten (10) days of the incident/event. This reporting should be done to the Human Resources Office or any member of Daytona Employment and will be held in strict confidence. I understand that I am also required to submit a copy of the deposition of the case/incident within ten (10) days of determination. Failure to comply with this policy will result in disciplinary actions up to and including termination.

I further understand, and voluntarily agree as condition of employment or my continued employment, that I may be requested by Daytona Employment to submit to a urinalysis or other drug screen test. My failure/refusal to take such test(s) or unsatisfactory results of said test(s) will disqualify me from consideration for employment, or if I am currently employed at the time of the request, the result will be immediate dismissal.

I certify that I have read, understand and agree with the above.

Applicant Signature

Date

Agency Representative Signature

Date

EMAILING OF THIS DOCUMENT CONSTITUTES THAT THE APPLICANT AGREES TO ALL TERMS ABOVE, THIS IS EQUIVALENT TO ACTUALLY APPLYING ONE'S SIGNATURE.



Convergence Employee Leasing
3951 Baymeadows Rd.
Jacksonville, FL 32217

Phone: 904-731-9014
Fax1: 904-731-0059
Fax2: 904-265-0723

EMPLOYEE LEASING APPLICATION

Client Company: _____
Location: _____

EMPLOYEE INFORMATION:

(To be completed by Employee)

Last Name: _____ First Name: _____ Middle Initial: _____
Social Security #: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Job/Position: _____
Gender: _____ Date of Birth: ____/____/____
Email Address: _____
Emergency Contact Name: _____ Relationship: _____
Emergency Contact Phone: Home/Work: _____ Cell: _____

EMPLOYEE POSITION:

(To be completed by Client)

Job Description: _____ Workers' Comp Job Code#: _____ Dept: _____
Method & Rate of Pay:
Hourly \$ _____ Salary \$ _____ Commission _____ Piece work _____ Tips _____
(Must meet FLSA Guidelines)

BEFORE PAYROLL CAN BE PROCESSED ALL APPLICANTS MUST COMPLETE AND SIGN THE FOLLOWING:

- Employee Information Section
- W-4 Form listing marital status and desired deductions
- Convergence Employee Agreement
- General Safety Rules
- Convergence Pre-Hire Employee Statement
- Include Copy of Driver's License

The above constitutes the mandatory paperwork that must be received by Convergence Employee Leasing in order to become an eligible employee of Convergence Employee Leasing. If you have any questions about this Employment Application, please call Convergence Employee Leasing at 904-731-9014 immediately.

EMPLOYMENT IS SUBJECT TO A 90 DAY PROBATIONARY PERIOD. A POSITIVE DRUG-TEST RESULT OR VOLUNTARY TERMINATION DURING THIS PERIOD WILL RESULT IN A \$37.00 DEDUCTION FROM YOUR FINAL PAYROLL.

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		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2019
▶ 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.				
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. • 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			
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):

- ☐ 1. A citizen of the United States
- ☐ 2. A noncitizen national of the United States (See instructions)
- ☐ 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- ☐ 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. (See instructions)

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.

1. Alien Registration Number/USCIS Number: _____
OR
2. Form I-94 Admission Number: _____
OR
3. Foreign Passport Number: _____
Country of Issuance: _____

QR Code - Section 1
Do Not Write In This Space

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



CONVERGENCE EMPLOYEE AGREEMENT

I, THE UNDERSIGNED EMPLOYEE, IN CONSIDERATION OF MY HIRING BY CONVERGENCE EMPLOYEE LEASING ("CEL") AS AN AT-WILL LEASED EMPLOYEE OF CEL, ACKNOWLEDGE AND AGREE TO THE FOLLOWING: I HAVE BEEN HIRED AS AN AT-WILL EMPLOYEE OF CEL 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 CEL AND ME AND CEL HAS NO LIABILITY WITH REGARD TO ANY EMPLOYMENT AGREEMENT. I UNDERSTAND AND AGREE THAT EITHER CEL OR I CAN TERMINATE OUR EMPLOYMENT RELATIONSHIP AT ANY TIME AS I AM AN AT-WILL EMPLOYEE OF CEL. I FURTHER UNDERSTAND AND AGREE THAT CONTINUED EMPLOYMENT WITH THE CLIENT TO WHICH I HAVE BEEN ASSIGNED IS AN ESSENTIAL REQUIREMENT FOR EMPLOYMENT WITH CEL AND THAT IF MY EMPLOYMENT WITH THE CLIENT TO WHICH I HAVE BEEN ASSIGNED ENDS, MY EMPLOYMENT WITH CEL WILL ALSO IMMEDIATELY END AT THAT TIME. I ALSO AGREE THAT WHILE I AM A LEASED EMPLOYEE OF CEL, IF CEL DOES NOT RECEIVE PAYMENT FROM CLIENT FOR SERVICES WHICH I PERFORM AS A LEASED EMPLOYEE, CEL 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 CEL HAS NO OBLIGATION TO PAY ME ANY OTHER COMPENSATION OR BENEFIT UNLESS CEL 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 CEL IS NOT PAID BY THE CLIENT TO WHICH I AM ASSIGNED. I UNDERSTAND AND AGREE THAT CEL 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 CEL FROM THE CLIENT TO WHICH I AM ASSIGNED. **I HAVE BEEN INFORMED AND I AGREE THAT IF MY ASSIGNMENT WITH ANY CEL CLIENT TO WHICH I AM ASSIGNED ENDS FOR ANY REASON, I MUST REPORT BACK TO CEL 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 CEL OR AGAINST CEL 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 CEL OR AGAINST CEL FOR DAMAGES BASED UPON INJURIES WHICH ARE COVERED UNDER SUCH WORKERS' COMPENSATION STATUTES. I ALSO AGREE TO NOTIFY CEL WITHIN 24 HOURS OF ANY JOB RELATED INJURY I RECEIVE AND COMPLY WITH ANY DRUG TESTING POLICY WHICH CEL MAY ADOPT, AND I SPECIFICALLY AGREE TO POST-ACCIDENT DRUG TESTING WITHIN 24 HOURS 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 CEL'S HUMAN RESOURCES DIRECTOR AT **1-904-731-9014** IN ORDER TO OBTAIN ASSISTANCE IN THE RESOLUTION OF SUCH MATTERS. I UNDERSTAND AND AGREE CEL 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, CEL WILL ATTEMPT TO FACILITATE A RESOLUTION.

I UNDERSTAND AND AGREE THAT IF I AM ACCEPTED AS A LEASED EMPLOYEE OF CEL, 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 CEL OR EXCEPT AS MAY BE ALLOWED IN WRITING BY CEL AND CEL'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 CEL AND MAY NOT BE PROVIDED WORKERS' COMPENSATION BENEFITS THROUGH CEL OR CEL'S WORKERS' COMPENSATION CARRIER. MY LEASED EMPLOYMENT WITH CEL 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.

DATE: _____

EMPLOYEE SIGNATURE: _____

PRINT EMPLOYEE NAME: _____

CONVERGENCE PRE-HIRE EMPLOYEE STATEMENT

This form confirms your understanding of the nature of the PEO relationship between Convergence and Daytona Employment (hereinafter Client). This letter serves as your acknowledgement and understanding of that relationship and the limitations of that relationship. Please read each question carefully and fill in the banks as requested. Please initial at the end of each question to confirm that you have read and understand the question. In that regard you acknowledge:

1. What is the rate of pay that you have been promised? \$ _____ X _____
2. That you acknowledge that if you are hired by Convergence you will only be paid by check from Convergence for work that you perform for the Client. X _____
3. That you understand that if you are hired by Convergence and you accept any W-2 wage payments from Client that you may be engaged in workers' compensation fraud as well as tax and/or child support fraud. X _____
4. That you are not an independent contractor or subcontractor. X _____
5. That you acknowledge and agree that if you are hurt on the job for Convergence then the only wages and earnings that will be calculated for any workers' compensation benefits that you receive are the wages paid through the check or direct deposit from Convergence. X _____
6. That if you are injured while working for Convergence and Client has not reported or has underreported your hours or wages then your workers' compensation claim may be denied. X _____
7. That if you are hired by Convergence and are injured while working on a job for someone other than Convergence and Client you will **not** be considered as a covered leased co-employee for workers' compensation purposes. X _____
8. That you understand that if you do not receive a weekly pay check from Convergence you are not considered a Convergence employee even if you have gotten a check from Convergence in the past. X _____

I attest that my signature or mark signifies my confirmation that my statements above are true and accurate and are given by me freely and without duress.

Signature: _____ Printed Name _____ Date: _____

*If this document was read to you or translated for you this acknowledges that you have understood all of the questions and have answered the questions yourself. X _____



GENERAL SAFETY RULES

1. Job safety is the responsibility of each individual employee. Job safety is often applying common sense to a situation. Use good common sense and stay alert on the job at all times.
2. **All injuries, no matter how slight, must be reported to your supervisor immediately. A drug test will be required within 24 hours of all work related injuries. If you test positive for illegal drugs, you will be terminated and may lose your worker's compensation benefits.**
3. If an injury occurs, use only company approved medical facilities. Any other medical treatment will be at your own expense.
4. Employees under the influence of drugs or alcohol on-the-job will be subject to immediate discharge. Employees taking prescribed medications should advise the supervisor prior to the start of the shift.
5. If when reporting for work you feel ill or are emotionally upset due to personal problems, discuss them with your foreman/supervisor before starting work.
6. Report any unsafe condition to your supervisor immediately, regardless if the unsafe condition directly affects you.
7. If at any time you are not sure of how to perform the job you have been instructed to do: STOP AND CHECK WITH YOUR SUPERVISOR. This is for your safety and for that of your fellow workers.
8. Do not start or operate any equipment without the proper authority and safety instruction. Never operate a piece of equipment when guards or other safety devices are not in place.
9. Do not attempt to repair or tamper with equipment not working properly. Report the condition to your supervisor immediately.
10. Any employee who is furnished safety equipment will be required to use such equipment while doing the work for which the equipment was furnished.
11. Good housekeeping practices should be followed at all times. This means clean tools, dry floors, neat work areas and properly arranged materials.
12. Use the correct method of lifting objects. Lift with your legs, not your back. If a load is too heavy or awkward, ask for assistance.
13. All electrical power tools and cords must have an operational third wire positive ground. Electrical tools and cords without positive grounding should not be used. Double insulated tools must be so marked.
14. Do not use flammable liquids, toxic materials, chemicals or acids unless authorized and instructed in the proper procedures.
15. Do not smoke in areas which are not specifically designed as smoking areas.
16. All employees who drive or are passengers while on company business must wear their seatbelts at all times.
17. Obey all safety and warning signs at all times.
18. Submitting false or fraudulent information when reporting injury is a third degree felony and will be cause for dismissal and denial of medical wage loss benefits.

I have read these rules (or I have had them read to me), and understand them and will obey them for my own benefit.

Employee Signature _____ Date _____

Supervisor's Signature _____ Date _____

Where injury is caused by the willful refusal of the employee to use safety equipment or obey safety rules, the compensation benefits can be reduced by 25% (Florida Statute 44.09.(4))



NOTICE OF DRUG & ALCOHOL TESTING

TO ALL EMPLOYEES:

The illegal use of drugs and the abuse of alcohol are problems that invade the workplace, endangering the health and safety of the abusers and those who work around them. This Company is committed to creating and maintaining a workplace free of substance abuse without jeopardizing valued employees' job security. To address this problem, our Company has developed a policy regarding the illegal use of drugs and the abuse of alcohol that we believe best serves the interests of all employees. Refer to your "on-site" employer for a copy of this policy. Our policy formally and clearly states that the illegal use of drugs or abuse of alcohol or prescription drugs will not be tolerated. As a means of maintaining our policy, we have implemented pre-employment and active employees drug testing. This policy was designed with two basic objectives in mind:

1. Employees deserve a work environment that is free from the effects of drugs and the problems associated with their use, and
2. This Company has a responsibility to maintain a healthy and safe workplace.

*To assist us in maintaining a safe and healthful workplace, we have created an Employee Assistance Program (EAP). The EAP provides employees and their families confidential assessment, referral, and follow-up for personal or health problems.

**To assist us in providing a safe and healthy workplace, we maintain a resource file of information on various means of employee assistance in our community, including but not limited to drug and alcohol abuse programs. Employees are encouraged to use this resource file, which is located [insert where]. In addition, we will distribute this information to employees for their confidential use. An employee whose conduct violates this Company's Substance Abuse Policy (*and who does not accept the help we offer under the EAP) will be disciplined up to and including termination. I believe it is important that we all work together to make this Company a drug-free workplace and a safe, rewarding place to work.



PRE-EMPLOYMENT DRUG TESTING CONSENT AND RELEASE FORM

I hereby consent to submit to the testing for drugs and/or alcohol as shall be determined by Convergence Employee Leasing, Inc. and affiliated companies in the selection process of applicants for employment, for the purpose of determining the drug and/or alcohol content thereof.

I agree that (Name of designated clinic or physician) may collect these specimens for these tests and may test them, if qualified, or forward them to a licensed or certified laboratory designated by the company for analysis. I further agree to and hereby authorize the release of said test results to the Convergence Employee Leasing, Inc.

I understand that my current use of illegal drugs may prohibit me from being employed at this Company.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original. I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

Applicant:

Print Name: _____

Applicant Signature: _____

SS#: _____

Date: _____

Witness:

Print Name: _____

Witness Signature: _____

Convergence Employee Leasing, Inc
3951 Baymeadows Road
Jacksonville, FL 32217
904-731-9014

Direct Deposit Agreement

Employees of Convergence Employee Leasing, Inc may have the payroll checks automatically deposited into their checking or savings account on their scheduled payday. Direct Deposit is safe, convenient and easy.

Here's how it works: The first and second payday after setup, you will receive an actual check and your account will be verified through the Direct Deposit System. After your account is verified, your next check will be sent via direct deposit. You will receive a check stub showing your gross pay, taxes, other deductions, net pay and direct deposit along with a "VOID"ed check.

Client Name: Daytona Employment

Employee Name: _____

Employee SSN: _____

Routing Number: _____

Account Number: _____



Amount to Deposit: _____ % or \$ _____

Checking: _____ or Savings: _____

*I grant my employer the right to correct any electronic funds transfer resulting from an overpayment by debilling my account to the extent of such overpayment or any incorrect payment.

Employee Signature: _____ Date: _____

You must verify that your check has been Direct Deposited into your Account BEFORE writing checks.

 A Voided Check must be Attached in Order to Setup Direct Deposit 

VOIDED CHECK