

Application Cover Page

Please fill out this document using the free Adobe Acrobat Reader app. Click the button below to download for use on phones, tablets and desktops:

Fields outlined in red are required before submitting application.

Fields labeled with orange text on gray backgrounds must be completed by company representative in order to submit application.

Employee First Name	Employee Last Name		
New or Rehire (Choose one)	Hired		
	Hired	Backup	
Location (City, State)	Client		
Position			
Logistics Staffing	Cleaning	Security	Other
Pay Rate			
Regular \$	per hour	Overtime \$	per hour
Permanent or Temporary (Choose one)	Full-time or Part-time (Choose one)		Pay Form (Choose one)
Sent by			

Employee Elects to Receive Medical Coverage

Employee will be employed at Republic Services

Application for Employment



PERSONAL INFORMATION

Last Name	First Name	M.I.	Date of Birth
Present Address	City	State	Zip Code
Permanent Address (if different from above)	City (if different from above)	State	Zip Code
Phone Number	Email Address	Social Security Number	

EDUCATION HISTORY

High School Name & Location	Yrs. Attended	Graduate?	Subjects Studied
College/Trade School/ Military Name & Location	Yrs. Attended	Graduate?	Subjects Studied

EMPLOYMENT HISTORY (Starting with the most recent position, list last three employers)

1. Dates (Start to End) Name & Address of Employer Position

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Reason for Leaving

2. Dates (Start to End) Name & Address of Employer Position

–

Reason for Leaving

3. Dates (Start to End) Name & Address of Employer Position

–

Reason for Leaving

Application for Employment (continued)

REFERENCES (List three persons you have known at least one year and are not related to you)

Name	Address	Business	Yrs. Known

AUTHORIZATION, WAIVER AND ELECTRONIC SIGNATURE CONSENT

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I agree that I will not commence any action or lawsuit relating to my employment or application for employment with National Star Services and its affiliates more than 6 months after the employment action that is the subject of the action or lawsuit, and I agree to waive any statute of limitations to the contrary. I understand that this means that even if the law would give me the right to wait a longer time to make a claim, I am freely and knowingly waiving that right, and that any claims not brought within 6 months after the relevant employment action will be barred.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the forgoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

I also agree that by using an e-signature feature, I am applying my electronic signature, which is the legally binding equivalent to my handwritten signature. Whenever I execute an electronic signature, it has the same validity and meaning as my handwritten signature. I also agree that no certification authority or other third party verification is necessary to validate my e-signature.

Employee e-Signature

Date



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **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>	QR Code - Section 1 Do Not Write In This Space

Signature of Employee <small>Check box to use previous signature</small>	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

STOP *Employer Completes Next Page* STOP



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

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
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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		<div style="border: 1px solid black; padding: 5px;"> <p align="center">Additional Information</p> </div>		<div style="border: 1px solid black; padding: 5px;"> <p align="center">QR Code - Sections 2 & 3 Do Not Write In This Space</p> </div>
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)
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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
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LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

I-9 Proof of Identification

Either attach support documents using blue buttons or insert images into gray areas below.

Employee's Withholding Certificate

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
 ▶ **Give Form W-4 to your employer.**
 ▶ **Your withholding is subject to review by the IRS.**

2020

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly (or Qualifying widow(er)) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

Step 2:
Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld

TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents	If your income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____		
	Multiply the number of other dependents by \$500 ▶ \$ _____		
	Add the amounts above and enter the total here	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$

Step 5:
Sign Here

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

▶ _____ ▶ _____
Employee's signature (This form is not valid unless you sign it.) Check box to use previous signature **Date**

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)
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Pay Acknowledgment Form

Employee Name _____

I understand and agree that I will be paid by National Star Services my wages every two weeks, payable on Monday of the fourth week. For example, a two week pay period beginning on Monday the 1st and ending on Sunday the 14th , will be paid on Monday the 22nd. I understand that this method of payment is a standard business practice.

Once I receive my wages I understand and agree to verify that the amounts are correct (i.e. time worked, deductions, net pay). By cashing the check, I hereby agree that all the amounts reflected on the check are correct. I understand that any and all concerns about the payment of a specific payroll cycle need to be reported to the corporate payroll department within two weeks of the end of the specific payroll cycle.

Your regular pay rate is \$ _____ per hour.

Your overtime pay rate is \$ _____ per hour.

In addition, you may be receiving discretionary incentive pay. The incentive pay is completely optional and within the sole discretion of the company. The company reserves the right to alter its payment program at any time.

Properly completing your timesheet and submitting it on time is very important. You must keep track of your own work time using a company timesheet in addition to what the client may require. It is your responsibility to have your work time recorded. Timesheets must be fully completed and turned in to our corporate office by Monday 8am CST. Failure to follow procedures may result in corrective action and a delay in pay.

Any timesheets that are not sent in by Monday 8am will not be processed by our payroll vendor on time. Subsequently, all late timesheets will be paid on the following payroll cycle and will be included on your following check.

Furthermore, our payroll vendor charges a minimum \$30 processing fee for any expedited requests. Other fees might apply depending on the request.

I hereby confirm that I have read this acknowledgment form and that I am signing this form voluntarily. I also agree to the relevant fees associated with any requests I might have and that, if applicable, accept to have them deducted from my pay.

Employee e-Signature

Check box to use previous signature

Date

Employee Name

Acknowledgment of Company Policy Manual Receipt

I have received and read a copy of the Employee Manual. I understand that the policies, rules and benefits described in it are subject to change at the sole discretion of the company at any time. I understand that this manual replaces all other previous manuals for the Company.

At-Will Employment Acknowledgment: I further understand that my employment is terminable at will, either by myself or the company, regardless of the length of my employment. I understand that no contract of employment other than “at will” has been expressed or implied, and that no circumstances arising out of my employment will alter my “at will” employment relationship unless expressed in writing, and the understanding specifically set forth and signed by myself and the Company.

Resolution Acknowledgment: As a condition of your employment with the Company, you agree that any controversy or claim arising out of or relating to your employment relationship with the Company or the termination of that relationship, must be submitted for non-binding mediation before a third party neutral and if necessary for final binding resolution by a private and impartial arbitrator, to be jointly selected by you and the Company.

Equal Employment Opportunity & Anti-Harassment Policy Acknowledgment: I have received, read, and understand the Company’s Equal Employment Opportunity and Anti-harassment Policy. I have familiarized myself with the policy and complaint procedure, and I understand and agree that abiding by this policy is required by the Company.

Drug-Free Workplace Pledge: I have read the Company’s policy on maintaining a drug-free workplace. I hereby pledge to the Company a drug-free workplace, and by signing below, I acknowledge my responsibilities to the Company and my fellow employees to abide by this policy. I also pledge to further the Company’s goal of having a drug-free workplace. Therefore, I agree that I will report violations of the pledge to the Company. If I am, or if I become aware of any employee being convicted or a criminal drug statute violation, I will report this fact immediately to the Company.

Confidentiality Policy Acknowledgment: I understand and agree that the information to which I am provided by the Company concerning the Company, its employees, and its clients is confidential, and that I shall consider it confidential. I acknowledge and agree that I will not divulge or breach any confidences concerning the business of the Company, its customers, services, or business plans. Furthermore, I acknowledge and agree that I will not divulge any such confidential information to any third party without prior written consent of the Company. I further understand and agree that should I breach this promise of confidentiality, I will be liable to the Company for any damages that may result directly or indirectly from such a breach including, without limitation, attorney’s fees. I acknowledge and agree that before signing this confidentiality statement, I have had a reasonable and sufficient opportunity to ask any questions that I may have had with respect to the confidentiality policy and any such questions have been satisfactorily answered by the Company.

I further acknowledge and understand that the original of this acknowledgment that I have signed will be placed in my personnel file, and that I have been provided with a copy of this document after I have signed it.

Employee Name

Employee Position

Employee e-Signature

Check box to use previous signature

Date

Company Signature

Check box to use previous signature

Date

Acknowledgment of Safety Policy Manual Receipt

I have received and read a copy of the Employee Safety Manual. I understand that the policies, rules and benefits described in it are subject to change at the sole discretion of the company at any time. I understand that this manual replaces all other previous manuals for the Company. During your employment with the Company you need to adhere to the following policies:

Report to work on time, ready and willing to work a full day's work. Once you clock-in you are supposed to report to the supervisor on duty for your work assignment. During the work day you need to take the legally required meal and rest breaks.

Immediately inform your supervisor of any changes to your schedule, job related incidents, accidents, and injuries both verbally and in writing. Days off need to be requested from your supervisor with a weeks notice.

Accurately record your start and finish times. Your start time is the time you report to the designated job site. Your finish time is when the driver or management releases you. The timesheet needs to match the clock in and out times of the biometric time clock (if applicable). The lunch column needs to be completed with the time taken for lunch or with a reason lunch was not taken.

Behave professionally and work in a safe manner. Everything must be done in the safest manner possible and according OSHA standards and regulations; do not take shortcuts:

1. Chemical Hazards
 - A. Use mild cleaners for regular cleaning. Save stronger chemicals for stubborn stains.
 - B. Open windows and doors, if possible, when using chemicals.
 - C. Spray bottles must be properly labeled and closed tightly when not in use.
 - D. Do not mix chemicals.
 - E. Gloves will be worn as needed. Safety glasses should always be worn when dealing with chemicals.
2. Electrical Hazards
 - A. Keep all electrical equipment such as vacuum cleaners away from water, including wet floors.
 - B. Ensure equipment is in the "Power Off" position prior to plugging it into an outlet.
3. Ergonomic Hazards
 - A. Alternate between the left and right hands.
 - B. Keep your back and wrists straight. Keep your elbows close to your body.
4. Slips, Trips and Falls
 - A. Clean up all spills immediately.
 - B. Use warning signs for wet floors.
 - C. Check the workplace for rugs or mats that are loose or uneven.
5. All hazards must be reported to a supervisor or property management.
6. All accidents must be reported immediately to the Bright Sky Operations Manager.

I further acknowledge and understand that the original of this acknowledgment that I have signed will be placed in my personnel file, and that I have been provided with a copy of this document after I have signed it.

Employee Name

Employee Position

Employee e-Signature

Check box to use previous signature

Date

Employee Meal Period Waiver

I, _____, hereby voluntarily agree to waive my meal period each day for shifts I work in excess of 5 hours, but not more than 6 hours or for shifts more than 10 hours per day, except that if the total hours worked is no more than 12 hours, the second meal period may be waived only if the first meal period was not waived. I understand that, as a result of this waiver, I will not receive a meal period during each such day of work as set forth above and will be paid for all working time. I understand that this waiver will remain in effect until either I, or the company revokes this waiver in writing. I understand that I can revoke this waiver at any time. I acknowledge that I have read this waiver, understand it, and voluntarily agree to its provisions.

Employee e-Signature

Check box to use previous signature

Date

On-Duty Meal Period Waiver

National Star Services (the Company) and the undersigned (the “Employee”) agree that the nature of the Employee’s work prevents the Employee from being relieved of all duty during the Employee’s meal period. As a result, the Employee shall work an on-duty meal period that shall be paid for by the Company. The Employee understands that either the Employee or the Company may revoke this agreement at any time by providing written notice to the other party. This agreement shall remain in effect until such written revocation.

I acknowledge that I have read this agreement, understand it, and have voluntarily entered into it.

Employee Name

Employee e-Signature

Check box to use previous signature

Date

Lunch Period Waiver Request (IL)

I voluntarily request the Company not to schedule an unpaid meal period for me when or if I am schedule to work more than seven and one-half (7-1/2) hours in a workday, so that I may be scheduled to leave work earlier.

I understand that:

1. I may be scheduled to take an unpaid meal period as determined by my manager
2. I may cancel this Lunch/Meal Period Waiver Request by signing the cancellation section of this form
3. This waiver will be kept in my personnel file
4. This waiver is entirely voluntary on my part

Your manager will approve or deny this request based on the needs of the business. Since schedules are written to maximize customer service, this request may not be accommodated for all scheduled work shifts.

Employee Name

Employee e-Signature

Check box to use previous signature

Date

Company Signature

Check box to use previous signature

Date

Background Check & Drug Test Consent

I, _____ ,
pursuant to the applicable provisions of federal Fair Credit Reporting Act (FCRA) hereby authorize National Star Services (“The Company”) and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, adult criminal or police records, and motor vehicle records including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for service now and, if applicable, during the tenure of my employment or service with The Company. In the event that The Company makes an employment decision based on information contained in a consumer report or an investigative consumer report, it will follow all applicable procedures contained in the FCRA.

I, the undersigned understand and consent to providing a drug and or alcohol screen in accordance with the company protocol either as a condition of employment or through company policy. I understand that I must comply with the drug and or alcohol procedures explained by any occupational health and company representative. Any non-compliance with either providing a screening sample or complying with drug and or alcohol procedures may result in non-hire for employment, disciplinary action, and or termination of employment.

I, the undersigned, have read and fully understand the above notice. I hereby authorize the Company to investigate and to verify the facts stated by me on my application and/or resume. I agree not to hold The Company responsible in any manner for errors in information provided to it by any of the sources it uses to obtain such information about my employment history, educational accomplishment, criminal record, driving record, credit history, character, general reputation, and personal characteristics. I release National Star Services and its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used. The following is my true and complete legal name and all information is true and correct to the best of my knowledge.

Employee Full Name

Maiden Name or Other Names Used

Social Security Number

Date of Birth

Address

City

State

Zip Code

How long at present address?

Please select any of the states below you have lived in:

CA

CO

DE

LA

MA

SD

VT

WV

WY

Please list all states of residence since turning age 18, include the time lived at each state:

1.

2.

3.

4.

Have you ever been convicted of a felony, or a misdemeanor? If yes, please briefly describe the nature of the crime(s), the date, and the place of conviction and the legal disposition of the case. Answering yes does not automatically bar the applicant from employment as the company will consider the nature and date of the conviction relative to the duties of the position sought.

Driver's License Number

State of License

Employee e-Signature

Check box to use previous signature

Date

Mutual Agreement to Arbitrate Claims

This Mutual Agreement to Arbitrate Claims (Agreement) is entered into by and between National Star Services (Employer) and _____ (Employee), effective on the date executed below.

1. Claims Covered by This Agreement. Employee and Employer mutually agree to the resolution by arbitration of all claims or controversies arising out of Employee's employment or its termination (collectively, the "Claims") that either party may have against the other, including Employer's parent, subsidiaries, or affiliates or any of their officers, directors, shareholders, representatives, attorneys, agents, or assigns in their capacity as such or otherwise. The Claims covered by this provision include, without limitation, claims arising out of contract law, tort law, common law, wrongful discharge law, privacy rights, statutory protections, constitutional protections, wage and hour law, California Labor Code protections, the California Fair Employment and Housing Act (which includes claims for discrimination or harassment on the basis of age, race, color, ancestry, national origin, disability, medical condition, marital status, religious creed, sex, pregnancy, gender, and sexual orientation), any similar state discrimination law, the California Family Rights Act, the federal Family and Medical Leave Act, the federal Civil Rights Acts of 1964 and 1991, as amended, the Age Discrimination in Employment Act, the Older Workers Benefit Protection Act, the Americans with Disabilities Act, claims for benefits (except when a benefit or pension plan specifies that its claims procedures shall culminate in an arbitration procedure different from this one), and claims for violation of any federal, state, or other governmental law, statute, regulation, or ordinance. The parties understand that, by this Agreement, they are waiving their rights to have a Claim adjudicated by a court or jury. Claims Employee may have for workers' compensation, state unemployment compensation benefits, and state disability insurance are not covered by this Agreement.

2. Arbitration. Except as otherwise provided in paragraph one, arbitration shall be in accordance with the then-current JAMS (Judicial Arbitration Mediation Services) Employment Arbitration Rules and Procedures ("JAMS Rules") before an experienced employment arbitrator or private judge selected from a list supplied by JAMS who is selected in accordance with the JAMS Rules. The arbitration shall take place in the county in which the Employee performed the principal duties of his or her job.

3. Costs and Fees. If Employee alleges a violation of a statute relating to employment, including, without limitation, the California Fair Employment and Housing Act (or similar state statute), the Civil Rights Acts of 1964 and 1991, the Age Discrimination in Employment Act, or the Americans with Disabilities Act, Employer will advance all costs of the arbitration that would not be incurred by the parties if the dispute were litigated in court, including the fees of the arbitrator and any arbitration association administrative fees.

Except as set forth above, each party shall pay for its own costs, and attorney fees, if any. However, if any party prevails in a statutory Claim that affords the prevailing party attorney fees, the arbitrator may award reasonable attorney fees to the prevailing party in addition to any and all other remedies afforded by the relevant statute.

4. Requirements to Modify or Revoke This Agreement. This Agreement shall survive the termination of Employee's employment and the expiration of any benefit plan. It can be revoked or modified only by a writing signed by the parties that specifically states an intent to revoke or modify this Agreement.

5. Entire Agreement. This is the complete agreement of the parties on the subject of arbitration of disputes (except for any arbitration agreement in connection with any benefit or pension plan). This Agreement supersedes any prior or contemporaneous oral or written understandings on the subject. This Agreement is not a contract of employment, express or implied, for a term. It does not alter the "at-will" status of Employee's employment or restrict Employer's decision-making authority concerning Employee's terms and conditions of employment.

6. Exclusive Forum. THE PARTIES ACKNOWLEDGE THAT THEY HAVE CAREFULLY READ THIS AGREEMENT AND THEY UNDERSTAND ITS TERMS. IN PARTICULAR, THE PARTIES UNDERSTAND THAT BY SIGNING THIS AGREEMENT THEY ARE WAIVING THEIR RIGHTS TO HAVE A CLAIM ADJUDICATED BY A COURT OR JURY.

EMPLOYER: National Star Services (an Illinois corporation)

Company Signature

Check box to use previous signature

Print Name

Date

Employee Name _____

Employee e-Signature

Check box to use previous signature

Date

Certificate of Participation Sexual Harassment Prevention Training

“Sexual harassment” means any unwelcome sexual advances, requests for sexual favors, or any conduct of a sexual nature when:

- Submission to such conduct is made either explicitly or implicitly a term or condition of an individual’s employment,
- Submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual, or
- Such conduct has the purpose or effect of substantially interfering with an individual’s work performance or creating an intimidating, hostile or offensive working environment.

Types of Unlawful Sexual Harassment include Quid Pro Quo (You do something for me and I’ll do something for you) and Hostile work environment. Quid Pro Quo means that an employee must do something sexual in return for promotion or other job benefit. A hostile work environment may occur when unwelcome sexual advances and requests for sexual favors interferes with an individual’s work environment.

Sexual Harassment is when sexual conduct is unwelcomed. Examples include:

- Pressure for sexual favors or to go on a date.
- Deliberate touching or cornering a person
- Sexual looks or gestures or whistling at someone
- Sending letters, texts, calls, emails, or other material of a sexual nature
- Sexual teasing, jokes, remarks, questions
- Referring to another as “girl,” “hunk,” “babe,” “honey,” etc
- Actual attempted rape or assault

If you experience, witness, or become aware of unwelcome sexual conduct, know that

- You have the right to tell the person to stop.
- You have the right to report the sexual harassment
 - a. Call the State Sexual Harassment and Discrimination Helpline
 - b. Report the incident to our corporate office
 - c. File a Charge with the US Equal Employment Opportunity Commission (EEOC)

Consequently, any employee who engages in this prohibited conduct will be subject to appropriate disciplinary action, up to and including termination. The Company assumes that any report of harassment, discrimination or hostile work environment is made in good faith. If, however, the Company’s investigation concludes that the report was made maliciously, or was intentionally intended to harm the accused, the Company may take appropriate disciplinary action against the employee making the complaint up to and including termination of employment.

In addition, sexual harassment is strictly forbidden and will not be tolerated. The Company will respond appropriately to any allegations of harassment or hostile work environment which are reported or otherwise come to the attention of the Company.

I certify that I have carefully read and reviewed the content of, and completed the Sexual Harassment Prevention Training.

Training Participant Name

Employee Position

Employee e-Signature

Check box to use previous signature

Training Date

Authorization for Debit & Credit Electronic Funds Transfers

COMPANY: NATIONAL STAR SERVICES / TELEPHONE: (630)595-6396

Last Name First Name M.I. Date of Birth

Present Address City State Zip Code

Social Security Number Location (City, State) Company

I hereby authorize on _____ my employer and/or third party as referred to here within, and their agents including Intercept Corporation (IC), to initiate electronic withdrawals and/or deposits to the bank account shown below. I understand that adjustment and/or reversing entries may be made to this account to insure an accurate and balanced accounting of all transactions. This authorization will remain in effect until; a) I notify my Bank and IC in writing to terminate this agreement and give the Bank and IC reasonable time to terminate this agreement.; b) The Bank, third party/employer, and/or IC's have sent me five business days advance written notice of the Bank's and/or ICs termination of this Agreement.

I understand that any cancellation in writing will be effective no earlier than five (5) business days after the day the last transaction has cleared and there are no outstanding balances to the account.

I UNDERSTAND THAT INTERCEPT CORPORATION PROVIDES ELECTRONIC FUND TRANSFER SERVICES TO THIRD PARTIES AND/OR MY EMPLOYER. THE FUNDS TO BE TRANSFERRED MUST BE COLLATERALLY FUNDED AND ARE FULLY GUARANTEED BY MY EMPLOYER AND/OR MYSELF. IN THE EVENT THE FUNDING FOR A TRANSFER IS RETURNED FOR ANY REASON OR INTERCEPT HAS BEEN PROVIDED INCORRECT INFORMATION AND/OR HAS ERRONEOUSLY TRANSFERRED FUNDS TO MY ACCOUNT, I AUTHORIZE INTERCEPT CORPORATION TO WITHDRAW/REVERSE FROM MY ACCOUNT THE AMOUNT OF FUNDS TRANSFERRED IN ERROR. I ALSO UNDERSTAND THAT IC MAY WITHDRAW AND/OR DEPOSIT TO MY ACCOUNT VARIOUS FUNDS REGARDING MY PARTICIPATION IN A FLEXIBLE BENEFIT/CAFETERIA PLAN/ERISA PLAN. I HEREBY HOLD INTERCEPT EFT AND EMPLOYER HARMLESS FOR TRANSFERRING ANY FUNDS DESIGNATED FOR FLEX BENEFITS UPON THE DIRECTION OF MY EMPLOYER OR PROCESSOR, AND THAT MY REMEDY FOR ANY ERRONEOUS TRANSFERS IS SOLELY AGAINST THE PROCESSOR AND THAT I WILL HOLD HARMLESS INTERCEPT EFT FROM ANY LIABILITY AND DAMAGES RESULTING THEREFROM. I UNDERSTAND, AGREE AND ACKNOWLEDGE THAT AS PART OF THE ACH PROCESS, ONCE FUNDS ARE DEBITED FROM THE BANK ACCOUNT SHOWN BELOW PURSUANT TO THIS AGREEMENT, SUCH FUNDS SHALL BE PLACED IN ONE OR MORE IC ACCOUNTS AT ICS BANK AND THAT IC SHALL BE THE ONLY ENTITY AUTHORIZED ON SUCH ACCOUNTS. I FURTHER ACKNOWLEDGE THAT SUCH IC ACCOUNTS SHALL BE SUBJECT TO SETOFF BY IC'S BANK.

Electronic Funds Transfers (15 U.S.C 1693): I hereby acknowledge receipt of notice by the financial institution described here within of (i) the undersigned's liability for an unauthorized electronic fund transfer, (ii) the undersigned's duty to promptly report such unauthorized transfers, (iii) the undersigned's liability for charges for electronic fund transfers. (iv) the undersigned's right to stop payment of pre-authorized electronic fund transfers, (v) the procedure to initiate such stop payment orders, (vi) the right to receive documentation of electronic fund transfers, and (vii) the Bank's liability pursuant to Electronic Funds Transfer Act found at 15 U.S.C 1693 et al.

Limitation of Action: I acknowledge that I have 60 days from the date of a withdrawal from or deposit to the account shown below to dispute the withdrawal or deposit by contacting my employer and Intercept Corporation by telephone and later supplemented in writing, or in writing of any discrepancies, errors or disputes concerning any transfer of funds to or from any account processed by Intercept. This will include but not limited to, errors in amounts, erroneous transactions, or other transactions processed. All written notices must include the following information:

The name of the company with whom the undersigned authorized the transaction, i.e, employer and/or third party; Federal Taxpayer ID number of the company authorized to make the transaction; Federal Taxpayer ID number of the undersigned; The name of the undersigned; The name, account number and ABA number on the transaction in question; The dollar amount of the transaction in question; and Description of the error and explanation of the error.

Authorization for Debit & Credit Electronic Funds Transfers (continued)

I understand and agree that my employer, its agent, or IC will inform me of the results of their investigation within ten (10) days of the receipt of the complaint and will correct any errors promptly. I understand and agree that if my employer, and/or its agent, or IC need more time, IC may take up to 45 days to investigate the undersigned's complaint. For transfers initiated outside of the United States or transfers resulting from point of sale or debit/access cards, the time periods for resolving errors will be 45 days and 90 day respectively.



SELECT FROM ONE OF THE TWO PAYMENT OPTIONS BELOW:

OPTION 1: DIRECT DEPOSIT (BANK ACCOUNT INFORMATION)

Account Type:	Checking	Savings
Account #	ABA/Routing #	
Bank Name	Address and Telephone	

***** Include an ACH form from your bank and a copy of a voided check *****

OPTION 2: PAYCARD (PAYCARD INFORMATION)

Paycard #	ABA/Routing # 073972181
Bank Name Meta Bank	Address and Telephone 5501 S. Broadband Lane Sioux Falls SD 57108

By providing the information requested above and signing below, I hereby elect and consent to receive my wages, including but not limited to off cycle wage payments and wage payments upon discharge, by electronic transfer of wages to a paycard. In addition, to the extent permitted by applicable law, I hereby authorize my employer to make all of my deposits and deposit adjustments, including those involving off cycle wage payments and wage payments upon discharge, to my paycard, and I authorize the bank where such funds are deposited to accept such deposits and make such adjustments. I acknowledge I have received a copy of the terms, conditions, and fees associated with using such paycard. This authorization shall remain in effect until fourteen (14) days after my employer receives written notice from me terminating my authorization.

PAYSTUBS AND W-2s

Electronic Paystubs. I hereby elect and consent to receive my paystubs electronically over the Internet. In addition, I may access the electronic paystubs by phone, email, fax, abbreviated text message, or by calling customer service directly at Global Cash Card.

Electronic W-2's. I hereby elect and consent to receive my W-2's electronically over the Internet. At any point in time I decide to receive a paper copy of my W-2 form instead, I will notify my employer in writing of such request.

Employee e-Signature

Check box to use previous signature Date

Employee Medical Coverage Elections 2020

WAIVER OF INSURANCE COVERAGE – REJECTION OF HEALTH COVERAGE

After careful consideration, I DO NOT wish to participate in any of the available plans. I also realize I will NOT be able to re-enroll until next open enrollment period and then I may be required to provide Medical Proof of Insurability.

Employee e-Signature

Check box to use previous signature

Date

ACCEPTANCE OF HEALTH COVERAGE

I elect to participate in the health coverage plan.

CHECK THE BOX BELOW FOR YOUR COVERAGE CHOICE

PLAN OPTIONS

COVERAGE	OPTION 1	OPTION 2	OPTION 3
	MEC PLAN	MEC PREMIUM PLAN	MVP PREMIER PLAN
	<i>Deduction per paycheck</i>	<i>Deduction per paycheck</i>	<i>Deduction per paycheck</i>
I elect Employee only	\$24.75	\$42.46	**\$141.53
I elect Employee + Children	\$36.39	\$71.37	**\$269.81
I elect Employee + Spouse	\$39.20	\$71.54	**\$291.69
I elect Family Coverage	\$52.10	\$112.90	**\$464.31

** The MVP Plan option is subject to underwriting and premiums may change for adding a spouse and or children. The rate you pay for employee only coverage is fixed.

By signing below I give authority for National Star Services to deduct the amount above from my paycheck.

Employee e-Signature

Check box to use previous signature

Date

Enrollment Form for MEC, Preferred MEC & MVP Plan



INDICATE HEALTH PLAN

- MEC
- Premium MEC
- MVP Plan with Cigna PPO

If electing MVP, you must also complete page 20

INDICATE REASON FOR APPLICATION

- Add Dependent
- Date of Marriage _____
- Date of Birth _____
- Date of Adoption
- Plan Change
- New Hire enrollment
- Terminate Coverage for checked plans on left
- Change Address/Name
- Delete Dependent (list names below)

Location _____

Last Name _____ First Name _____ M.I. _____ Date of Birth _____

Address _____ City _____ State _____ Zip Code _____

County _____ Phone Number _____ Social Security Number _____

Sex _____ Married _____ Marriage Date _____ Job Title _____
 Male Female Yes No

Date Employed _____ Employer Name _____ Hrs Worked/Wk _____ Actively at Work? _____
 Yes No

Are you covering your dependents? Yes No

Relation to Employee _____ Last Name _____ First Name _____ Social Security No. _____ Date of Birth _____ Sex _____

Spouse

Dependent Child #1

Dependent Child #2

Dependent Child #3

Do you or your dependents have other medical coverage? No Yes Self Spouse Children

Name of Insured _____ Social Security No. _____ Name of Other Insurance Co. _____ Grp. # _____

Employer of Insured _____ Employer Address _____ City _____ ST _____ Zip _____

To the best of my knowledge, I believe the above information is true and correct. I understand that false or inaccurate information may result in the termination of coverage or the non-payment of benefits.

Employee e-Signature _____ Check box to use previous signature Date _____

Employee Medical History Questionnaire For Any Person Electing MVP Option



Please provide the following information for yourself as well as for any family members on whose behalf you are electing medical coverage:

Relation to Employee	Last Name	First Name	Date of Birth
Spouse			
Dependent Child #1			
Dependent Child #2			
Dependent Child #3			

On behalf of yourself and each of your family members listed above, please respond to each of the questions listed below. When you have finished answering all questions, please sign and date the bottom of this form.

YES NO

1. Are you or any of your family members listed above currently confined or have you been confined to a hospital/other institution in the twelve months prior to the signing of this form? If “Yes”, please provide the details requested below
2. Have you or any of your family members listed above had surgery or other procedure(s) on an outpatient basis in the twelve months prior to the signing of this form? If “Yes”, please provide the details requested below
3. Are you or any of your family scheduled for or planning on having any inpatient or outpatient surgeries or other procedures in the next twelve months following the signing of this form? If “Yes”, please provide the details requested below
4. Are you or any of your family members listed currently unable to work, attend school, perform daily tasks, etc. due to illness /injury? If “Yes”, please provide the details requested below
5. Are you or any of your family members listed above on COBRA? Have you or any of your family members recently received or are you/they expecting to receive a COBRA notification letter? If “Yes”, please provide the details requested below
6. Have you or any of your family members listed above been diagnosed with and/or received treatment for any of the diagnoses listed on the attached list? If “Yes”, please provide the details requested below

If you answered “Yes” to any of the above questions, please provide the details below. Should you need more space, please attach an additional page to this form and identify the continuation of your remarks with the corresponding question number. Wherever possible, provide the dollar amounts initially charged by the medical providers before your insurance company paid benefits.

Question #1-6	Name of Employee/ Family	Date of Treatment/Event	Details: Medical & RX Services received and/or Planned, treatment plan, Prognosis and approx. Cost
---------------	--------------------------	-------------------------	--

Employee e-Signature

Check box to use previous signature

Date

v1

Company Vehicle Policy

As an authorized driver of a company vehicle, you have been given certain privileges. You assume the duty of obeying all motor vehicle laws, maintaining the vehicle properly at all times and, otherwise, following the policies and procedures outlined below. Company vehicles are provided to support business activities and are to be used only by qualified and authorized employees.

RULES:

- Used only by authorized employee
- Do Not attach anything in front or behind the vehicle
- Do Not push or pull anything with the vehicle
- You must properly maintain company vehicles at all times (oil changes, tire rotation, cleaning, etc.)
- You must pay for all fines for parking or moving violations, towing storage or impoundment.
- You must report all moving violations to the Director of Operations within 24 hours.
- Cellular/mobile phones should not be used while operating a vehicle unless using hands free devices.
- You must notify local police and contact the Director of Operations in the event of theft of a company vehicle

ACCIDENTS:

- Call the police on all accidents and obtain a copy of the police report
- Do not admit negligence or liability
- Get name, address and phone number of injured person and witnesses if possible
- Exchange vehicle identification, insurance company name and policy numbers with the other driver
- Take pictures of the scene of accident
- Turn all information over to the Director of Operations within 24 hours

SAFETY GUIDELINES:

- Do not follow too close
- Do not fail to observe clearances
- Do not fail to obey signs
- Do not make Improper turns
- Do not pass improperly
- Do not fail to yield
- Do not fail to observe signals from other drivers
- Do not drive too fast for conditions
- Do not fail to obey traffic signals or directions
- Do not back up improperly

Any exceptions to these rules requires advance, written approval by approved company manager or officer. Violation of these rules will result in disciplinary action from removal of driving privileges to termination of employment.

I have read and will abide by the conditions as stated in this document.

Vehicle Year/Make/Model

Color

Current Mileage

License Plate #

VIN #

Employee Name _____

Employee e-Signature

Check box to use previous signature

Date

Confidentiality Agreement

CONFIDENTIALITY AGREEMENT, dated as of _____ by and between Bright Sky Cleaning Group Inc./NPG Control Group Inc./Bright Sky Logistics Inc./National Star Services Illinois based companies and their affiliate and subsidiary entities (“The Companies”), and _____, an individual residing at _____,

(the “Recipient”).

WHEREAS, Recipient has acquired and shall acquire knowledge and expertise relating to mobile washing, access control, security, facility maintenance, janitorial, and manpower businesses which are of strategic importance to The Companies (the “Business”).

NOW THEREFORE, the parties hereto agree as follows:

1. Confidentiality. Recipient will keep strictly confidential and will not disclose to any other party nor make beneficial use of any or all of the Confidential Information (as defined below) that it may acquire in any manner whatsoever. “Confidential Information” means (a) all trade secrets relating to the business or operations of The Companies or any of its Affiliates, (b) all information which gives The Companies or any of its Affiliates a competitive business advantage or the opportunity to obtain such an advantage, and (c) any other information provided by The Companies (whether in writing, or in oral, graphic, electronic or any other form) that is marked as (or provided under circumstances reasonably indicating it is) confidential or proprietary. Recipient will refrain from using any of the Confidential Information except as specified in this Agreement, and will deliver promptly to The Companies or destroy, at the request and option of The Companies, all tangible embodiments (and all copies) of the Confidential Information which are in Recipient’s possession or under Recipient’s control.

2. Limitations on Unfair Competition and Agreement Not to Solicit Customers. Recipient agrees that employment with company has given Recipient access to information and customers Recipient would not have had but for Recipient’s employment with The Companies and in order to refrain from any unfair competition, Recipient agrees for a period commencing on the date of this Agreement and ending eighteen (18) months after the termination of the Recipient’s employment by The Companies (the Non-Compete Period) (without regard to the reason for the termination and whether the termination is occasioned by The Companies or the Recipient) will not, directly or indirectly through another individual or company, (a) engage in the Business or become associated with any entity engaging in the Business during the Non-Compete Period, whether directly or indirectly anywhere within fifty miles of where The Companies or any of its Affiliates do business or compete for business; (b) employ or retain, or have or cause any other person or entity to employ or retain, any person who was employed or retained by The Companies; or (c) solicit any of The Companies customers. Neither shall the recipient do anything intended to interfere with or which has the affect of interfering with, any relationship between The Companies and any of its current or potential customers.

3. Severability. Recipient acknowledges and agrees that the covenants set forth above are reasonable and valid in geographical and temporal scope and in all other respects.

4. Remedies. Recipient acknowledges that the remedy at law of The Companies for breach of the covenants herein will be inadequate and that, in addition to any other remedy The Companies may have, it will be entitled to an injunction restraining any breach or threatened breach, without bond or other security being required. Recipient further acknowledges and agrees that the covenants contained herein are necessary for protection of The Companies and their affiliates’ legitimate business interests and are reasonable in scope.

7. Governing Law. The governing law of this Agreement shall be that of the State of Illinois, U.S.A.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the date and year first set forth above.

Employee Name _____

Employee e-Signature *Check box to use previous signature* **Date**

Company Signature *Check box to use previous signature* **Date**

Internet Access, Computer, and Resources Policy

Internet access and other Company resources (i.e. telephones, vehicles, GPS systems, PDAs etc) are provided for work-related use only. The following guidelines must be adhered to strictly. Failure to abide by these guidelines will result in disciplinary action.

1. No sending or receiving material that contain pornography, hate speech or other offensive material.
2. No visiting sites that contain pornography, hate speech, or other offensive material.
3. No broadcasting of e-mail (spamming) and blogging.
4. No tampering with Company firewalls, computer settings, resource settings, telephone settings, gps settings, content filters or other computer measures.
5. No use of the Company's internet and resources to conduct illegal, nefarious or other activities that might expose the Company to unwarranted liability and attention.

SECURITY AND PRIVACY

The Company's business depends on our clients' ability to confide in us their business and trade secrets. The Company's policy on security is, therefore, strict and absolute. **Any lapses in security will, in most cases, result in immediate dismissal.**

1. All computer resources on Company premises, including equipment, data and software licenses are solely the property of the Company. No employee may ever bring in any outside equipment or software without the explicit permission of your supervisor.
2. All e-mail, data, etc., stored on the Company's computers, media, or other resources are solely the property of the Company. No expectation of privacy is granted or implied. The Company reserves and will exercise the right to review, audit, intercept, access, and disclose all matters on the company's media systems and services at any time, with or without notice.
3. Your workstation is provided for your use on Company sanctioned work only.
4. Only approved software is to be installed on any Company system.
5. Your workstation may not employ any passwords, restrictions or other security measures not assigned to you by the Company. You may not add, remove or modify passwords assigned to you without the prior authorization of your supervisor.
6. You may not divulge any passwords, either yours, the Company's or the Company's clients at any time to anyone other than your supervisor.
7. If you become aware that a password or other security measure has been compromised, it is your obligation to inform your supervisor immediately.
8. Reasonable and usual measure to safeguard the Company's and its clients' systems and data must always be employed.
9. As trusted agents of our Clients, we must at all times guard Client data, processes, policies and other confidential information as thoroughly as possible.
10. We will never discuss one Client with another or engage in needless banter through which inadvertent disclosures may occur.
11. We will never perform un-requested searches of a client's data or copy any data without a specific request.

I have read and agree to be bound by all the above terms.

Employee Name _____

Employee e-Signature

Check box to use previous signature

Date

Mutual Agreement to Arbitrate Claims (CA)

This Mutual Agreement to Arbitrate Claims (Agreement) is entered into by and between National Star Services (Employer) and _____ (Employee), effective on the date executed below.

1. Claims Covered by This Agreement. Employee and Employer mutually agree to the resolution by arbitration of all claims or controversies arising out of Employee’s employment or its termination (collectively, the “Claims”) that either party may have against the other, including Employer’s parent, subsidiaries, or affiliates or any of their officers, directors, shareholders, representatives, attorneys, agents, or assigns in their capacity as such or otherwise. The Claims covered by this provision include, without limitation, claims arising out of contract law, tort law, common law, wrongful discharge law, privacy rights, statutory protections, constitutional protections, wage and hour law, California Labor Code protections, the California Fair Employment and Housing Act (which includes claims for discrimination or harassment on the basis of age, race, color, ancestry, national origin, disability, medical condition, marital status, religious creed, sex, pregnancy, gender, and sexual orientation), any similar state discrimination law, the California Family Rights Act, the federal Family and Medical Leave Act, the federal Civil Rights Acts of 1964 and 1991, as amended, the Age Discrimination in Employment Act, the Older Workers Benefit Protection Act, the Americans with Disabilities Act, claims for benefits (except when a benefit or pension plan specifies that its claims procedures shall culminate in an arbitration procedure different from this one), and claims for violation of any federal, state, or other governmental law, statute, regulation, or ordinance. The parties understand that, by this Agreement, they are waiving their rights to have a Claim adjudicated by a court or jury. Claims Employee may have for workers’ compensation, state unemployment compensation benefits, and state disability insurance are not covered by this Agreement.

2. Arbitration. Except as otherwise provided in paragraph one, arbitration shall be in accordance with the then-current JAMS (Judicial Arbitration Mediation Services) Employment Arbitration Rules and Procedures (“JAMS Rules”) before an experienced employment arbitrator or private judge selected from a list supplied by JAMS who is selected in accordance with the JAMS Rules. The arbitration shall take place in the county in which the Employee performed the principal duties of his or her job.

3. Costs and Fees. If Employee alleges a violation of a statute relating to employment, including, without limitation, the California Fair Employment and Housing Act (or similar state statute), the Civil Rights Acts of 1964 and 1991, the Age Discrimination in Employment Act, or the Americans with Disabilities Act, Employer will advance all costs of the arbitration that would not be incurred by the parties if the dispute were litigated in court, including the fees of the arbitrator and any arbitration association administrative fees.

Except as set forth above, each party shall pay for its own costs, and attorney fees, if any. However, if any party prevails in a statutory Claim that affords the prevailing party attorney fees, the arbitrator may award reasonable attorney fees to the prevailing party in addition to any and all other remedies afforded by the relevant statute.

4. Requirements to Modify or Revoke This Agreement. This Agreement shall survive the termination of Employee’s employment and the expiration of any benefit plan. It can be revoked or modified only by a writing signed by the parties that specifically states an intent to revoke or modify this Agreement.

5. Entire Agreement. This is the complete agreement of the parties on the subject of arbitration of disputes (except for any arbitration agreement in connection with any benefit or pension plan). This Agreement supersedes any prior or contemporaneous oral or written understandings on the subject. This Agreement is not a contract of employment, express or implied, for a term. It does not alter the “at-will” status of Employee’s employment or restrict Employer’s decision-making authority concerning Employee’s terms and conditions of employment.

6. Exclusive Forum. THE PARTIES ACKNOWLEDGE THAT THEY HAVE CAREFULLY READ THIS AGREEMENT AND THEY UNDERSTAND ITS TERMS. IN PARTICULAR, THE PARTIES UNDERSTAND THAT BY SIGNING THIS AGREEMENT THEY ARE WAIVING THEIR RIGHTS TO HAVE A CLAIM ADJUDICATED BY A COURT OR JURY.

EMPLOYER: National Star Services (an Illinois corporation)

Company Signature

Check box to use previous signature

Print Name

Date

Employee Name _____

Employee e-Signature

Check box to use previous signature

Date

Employment at Republic Services

Check box if you will be employed at Republic Services

If not employed at Republic Services, click button below to skip their required forms.

REPUBLIC SERVICES ONLY FORM

Contingent Worker Training Record: Recycling Center Worker

Vendor Name:
National Star Services
Contingent Worker Name:
Assignment Start Date:

Before beginning assignment, the Contingent Worker must present a completed Safety Training Certification for Contingent Workers certifying that the Worker has received all required safety training from the Worker’s employer/ Vendor. On the first day of assignment, site specific training must be conducted by a qualified Republic Services operations representative. Maintain this training record and file by respective Vendor.

1. Received completed Safety Training Certification for Contingent Workers.
2. Answered any questions regarding the Contingent Workforce Safe Work Practices Booklet and Contingent Workers training videos provided by Vendor.
3. Horseplay or other disruptive conduct at any time while on company property or while performing work is prohibited,
4. Make sure Vendor informed Contingent Worker about the requirement to report to work free from the influence of Illegal Drugs or Alcohol and that if the Contingent Worker is using prescribed medication that may affect his/her ability to safely perform the work, the Worker must advise a physician of the essential functions of the work and obtain a note from the physician stating whether or not the Worker can safely perform the work. If the answer is no, the Worker must inform his/her employer and Republic immediately.
5. Immediately notify your employer and Republic Services contact in the event of an accident or injury.
6. Scavenging or personally acquiring material intended for disposal is prohibited.
7. Watch for location of trucks, equipment and other workers.
8. No smoking in recycling facilities, smoking is only permitted in marked designated areas.
9. Primary work duties, expectations and schedule.
10. Safe work procedures for material sorting.
11. Bailer and compactor safety.
12. Confined spaces: Never enter into an area with signage “Permit Required.”
13. Site specific emergency response procedures: emergency notification/rally points.
14. Location of emergency equipment, fire extinguishers and emergency shut-offs.
15. Spill kit Location. Spill response / What to do if there is a spill.
16. Walking surfaces / slips, trips and falls.
17. Pedestrian walkways and restricted areas.
18. Proper lifting techniques.
19. Identifying special waste and hazardous material: including direction not to touch and notification.
20. Pinch points and equipment guarding.
21. Heat/cold stress management: including location of water, shade and rest breaks.
22. Personal Protective Equipment (PPE): Review required PPE.
23. Right to Know: location of SOS book and hazards of any chemicals specific to work assignment.
24. Lockout/Tagout: awareness training.

Contingent Worker: I have received training on the topics listed above on the first day of my assignment. I have had the opportunity to ask questions on the contents of this training and I received answers to all my questions. I understand the training and I agree to abide by the standards presented therein and to comply with all applicable safety rules and regulations.

Employee e-Signature *Check box to use previous signature* **Date**

Trainer: I have provided training on the topics listed above on the first day of the Contingent Worker’s assignment. I have given the Contingent Worker an opportunity to ask questions and have addressed any that were asked.

Trainer Signature *Check box to use previous signature* **Date**

REPUBLIC SERVICES ONLY FORM

Contingent Worker Training Record: Landfill Worker

Vendor Name:

National Star Services

Contingent Worker Name:

Assignment Start Date:

Before beginning assignment, the Contingent Worker must present a completed Safety Training Certification for Contingent Workers certifying that the Worker has received all required safety training from the Worker's employer/ Vendor. On the first day of assignment, site specific training must be conducted by a qualified Republic Services operations representative. Maintain this training record and file by respective Vendor.

1. Received completed Safety Training Certification for Contingent Workers.
2. Answered any questions regarding the Contingent Workforce Safe Work Practices Booklet and Contingent Workers training videos provided by Vendor.
3. Horseplay or other disruptive conduct at any time while on company property or while performing work is prohibited,
4. Make sure Vendor informed Contingent Worker about the requirement to report to work free from the influence of Illegal Drugs or Alcohol and that the if the Contingent Worker is using prescribed medication that may affect his/her ability to safely perform the work, the Worker must advise a physician of the essential functions of the work and obtain a note from the physician stating whether or not the Worker can safely perform the work. If the answer is no, the Worker must inform his/her employer and Republic immediately.
5. Immediately notify your employer and Republic Services contact in the event of an accident or injury.
6. Scavenging or personally acquiring material intended for disposal is prohibited.
7. Watch for location of trucks, equipment and other workers.
8. Contingent Workers are prohibited from being on the active working face of the landfill or disposal area.
9. Be aware of your surroundings when at the landfill and look both ways before equipment or traffic.
10. Keep eye contact with drivers. If you cannot see the driver, the driver cannot see you.
11. No smoking in the landfill or transfer station, smoking is only permitted in marked designated areas.
12. Primary work duties, expectations and schedule.
13. Hazards of landfill environment: traffic, heavy equipment in operation, etc.
14. Site specific hazards: construction zones, restricted access areas, other contractors on site.
15. Landfill gas safety awareness.
16. Safe work procedures for waste handling: including Identification of special waste and hazardous material.
17. Site specific emergency response procedures: emergency notification/rally points.
18. Location of emergency equipment: fire extinguisher and emergency shut-offs.
19. Spill kit location. Spill response / What to do if there is a spill.
20. Right to Know: location of SOS book and hazards of any chemicals specific to work assignment.
21. Walking surfaces / slips, trips and falls specific to work being assigned: ex uneven around on side hills.
22. Proper lifting techniques: specific to assigned work.
23. Heat/cold stress management: including location of water, shade, rest breaks in hot environment.
24. Personal Protective Equipment (PPE): review required PPE for specific work to be assigned.
25. Confined spaces: never enter into an area with signage "Permit Required".
26. Lockout/Tagout: awareness training.

Contingent Worker: I have received training on the topics listed above on the first day of my assignment. I have had the opportunity to ask questions on the contents of this training and I received answers to all my questions. I understand the training and I agree to abide by the standards presented therein and to comply with all applicable safety rules and regulations.

Employee e-Signature

Check box to use previous signature

Date

Trainer: I have provided training on the topics listed above on the first day of the Contingent Worker's assignment. I have given the Contingent Worker an opportunity to ask questions and have addressed any that were asked.

Trainer Signature

Check box to use previous signature

Date

REPUBLIC SERVICES ONLY FORM

Contingent Worker Training Record: Labor Helper

Vendor Name:

National Star Services

Contingent Worker Name:

Assignment Start Date:

Before beginning assignment, the Contingent Worker must present a completed Safety Training Certification for Contingent Workers certifying that the Worker has received all required safety training from the Worker's employer/ Vendor. On the first day of assignment, site specific training must be conducted by a qualified Republic Services operations representative. Maintain this training record and file by respective Vendor.

1. Received completed Safety Training Certification for Contingent Workers.
2. Answered any questions regarding the Contingent Workforce Safe Work Practices Booklet and Contingent Workers training videos provided by Vendor.
3. Horseplay or other disruptive conduct at any time while on company property or while performing work is prohibited.
4. Make sure Vendor informed Contingent Worker about the requirement to report to work free from the influence of Illegal Drugs or Alcohol and that if the Contingent Worker is using prescribed medication that may affect his/her ability to safely perform the work, the Worker must advise a physician of the essential functions of the work and obtain a note from the physician stating whether or not the Worker can safely perform the work. If the answer is no, the Worker must inform his/her employer and Republic immediately.
5. Immediately notify your employer and Republic Services contact in the event of an accident or injury.
6. Scavenging or personally acquiring material intended for disposal is prohibited.
7. Keep eye contact with the driver. If you cannot see the driver, the driver cannot see you.
8. Exercise caution when exposed to traffic. Never direct traffic at any time.
9. Only the driver may exit the cab at all landfill, transfer station, or recycling centers. All others must remain in the cab of the vehicle.
10. Primary work duties, expectations and schedule.
11. Equipment specific training: operation of packing controls, proper loading of truck and packing procedures.
12. Container handling and dumping procedures: including proper lifting techniques.
13. Walking surfaces / slips, trips and falls.
14. Locations of emergency equipment, fire extinguisher location and emergency shut-offs.
15. Never mount or dismount a moving vehicle: always maintain three points of contact when entering or exiting.
16. Review backing procedures including procedure of confirming hand signals with the driver.
17. Only ride on designated riding steps: maintain 4 points of contact on riding step.
18. Always enter the vehicle if traveling over 10 mph or further than 2/10 of a mile.
19. Seat belts requirements: used at all times in transit to and from collection route and anytime in collection at speeds greater than 15 MPH or for distances farther 2/10 mile.
20. Site specific emergency response procedures.
21. Spill kit location. Spill response / What to do if there is a spill.
22. Heat/cold stress management: including specific ways of addressing the environment, location of water etc.
23. Personal Protective Equipment (PPE): review required PPE.
24. Confined spaces: Never enter the truck body or hopper or any area with signage "Permit Required".
25. Right to Know: location of SDS book and hazards of any chemicals specific to work assignment.
26. Lockout/Tagout: awareness training.

Contingent Worker: I have received training on the topics listed above on the first day of my assignment. I have had the opportunity to ask questions on the contents of this training and I received answers to all my questions. I understand the training and I agree to abide by the standards presented therein and to comply with all applicable safety rules and regulations.

Employee e-Signature

Check box to use previous signature

Date

Trainer: I have provided training on the topics listed above on the first day of the Contingent Worker's assignment. I have given the Contingent Worker an opportunity to ask questions and have addressed any that were asked.

Trainer Signature

Check box to use previous signature

Date

REPUBLIC SERVICES ONLY FORM

Republic Services Safety Training Certification For Temporary Workers

Must be provided to Republic Services before beginning to perform any work.

I have received the following safety training on the dates indicated below:

TITLE	DATE COMPLETE
Republic Services Heat Considerations Training Video	Required for non-clerical/administrative
Republic Services Introduction Video	Required
Republic Services Closing Video	Required
Contingent Workforce Safe Work Practices Booklet	Required
Republic Services Collection Video	Required if performing Services at these types of locations
Republic Services Recycle Centers Video	Required if performing Services at these types of locations
Republic Services Post Collection Video	Required if performing Services at these types of locations

I have received the information in the Contingent Workforce Safe Work Practices Booklet (the Booklet) in a format and language that I understand, and I have received the other training noted above. If there is anything that I do not understand in the Booklet or training videos, I acknowledge that it is my responsibility to ask for an explanation and clarification. I understand all safety training I have received. I also understand that it is my responsibility to wear all safety equipment as required and to comply with all applicable safety training, rules and regulations.

Temporary Worker Name _____

Employee e-Signature *Check box to use previous signature* Date

Signature of Agency Representative *Check box to use previous signature*

Print Name (Agency Representative) Position (Agency Representative)

National Star Services Policy Guidelines (SEC)

I, _____

(hereinafter referred to as “Employee”), understand and agree to follow the Policy Guidelines of National Star Services (hereinafter, referred to as “Company”), and further understand and agree, that these Policy Guidelines do not form an employment contract for any particular duration and that I remain an at-will employee.

Employee has read, understands and agrees to follow the site post orders and any additional policies required by the customer and the Company.

1. Employee understands that he/she is not empowered to make arrests, unlawfully detain persons, or carry weapons of any kind in the performance of their employment. Persons or property may only be detained if there is a reasonable belief that property is mistakenly being removed from the premises or if it is reasonably believed that a theft is in progress. The Employee must summon the police immediately upon discovering theft, criminal activity, and any other unusual activity. Employee agrees to hold harmless the Company for any liability resulting from their misconduct.
2. Employee agrees, as a condition of employment that during the term of employment, and thereafter, Employee will not discuss, disclose, describe or reproduce in any manner confidential information. Employee agrees to keep confidential all Company information, documents, and other material, verbal and written, observed during his/her employment period at the Company.
3. Upon termination the Employee is required to return to Company all of his/her uniform clothing and all work related documents, materials, and equipment.
4. All Company and customer owned hardware and software are provided as a resource to maintain and increase employee productivity, and is not intended for personal use. Employee is not authorized to use the Internet, whether through email or the World Wide Web, from the computers provided. Employee will not attempt to log on to other user’s accounts or to access information not approved for their specific job function. Employee understands that all activities involving any resource are monitored and recorded, and has no right to privacy. Any misuse of customer and Company owned equipment could result in corrective action, including termination.
5. The Company does not tolerate harassment. It is every employee’s responsibility to ensure that his or her conduct does not include or imply harassment in any form. Violation of this provision may result in disciplinary action up to and including termination.
6. The Company recognizes that, on the job and off the job, drug and alcohol abuse can have a major impact on the Employee’s capability to perform his/her duties. Thus, it is essential that all employees be free from the effects of substance abuse. The use, possession, or sale of illegal drugs is a violation of Company policy. Unauthorized possession or consumption of alcohol on the customer’s property or while on the job is a violation of Company policy.
7. It is the employee’s responsibility to let his/her supervisor know of any employment other than National Star Services.
8. The term of employment shall be at will, provided, however, that Employee should give the Company fourteen (14) days written notice of intention to terminate.
9. The Company has the right to modify its rules, policies and benefits, both written and unwritten, as business requires.
10. It is the policy of the Company to present a conservative and professional image to the clients we serve. In addition to proper dress, employees are expected to present a clean, neat and professional appearance. Distracting and revealing clothing is not appropriate for work. All employees are prohibited from wearing extreme or eccentric hairstyles, clothing that do not present a professional appearance. For safety reasons no jewelry is allowed while at work.
11. Employees that appear for work inappropriately dressed and not according to the dress code will be sent home. Under such circumstances, employees will not be compensated for the day. Repeated disregard of the dress code will result in disciplinary action up to and including discharge.
12. If any covenant shall be held invalid, this Agreement shall be interpreted as if such invalid covenant were not contained herein. This Agreement shall be interpreted in accordance with the laws of the State of Illinois.

I Have Read And Understand The Above Policy Guidelines And Further Understand That By Following These Policy Guidelines I Am Not Guaranteed Employment For Any Particular Duration And I Remain An At-Will Employee.

Employee Name _____

Employee e-Signature

Check box to use previous signature

Date

Acknowledgment

I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is grounds for refusing to hire me or for discharge should I be hired.

I authorize any person, organization or company listed on this application to furnish you any and all information concerning my previous employment, education and qualifications for employment.

I also authorize you to request and receive such information. In consideration for my employment, I agree to abide by the rules and regulations of the company, which rules may be changed, withdrawn, added or interpreted at any time, at the company's sole option and without prior notice to me.

I also acknowledge that my employment may be terminated, or any offer or acceptance of employment withdrawn, at any time, with or without cause, and with or without prior notice at the option of the company or myself.

I understand that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to assure or make some other personnel move, either prior to commencement of employment or after I have become employed, or to assure any benefits or terms and conditions of employment, or to make any agreement, that is contrary to the foregoing.

Employee Name _____

Employee e-Signature

Checkbox to use previous signature

Date

