



**PROFESSIONAL  
EMPLOYER  
RESOURCES INC.**

## WORKSITE NEW HIRE PACKET

PLEASE FIND ENCLOSED THE MANDATORY FORMS NECESSARY TO COMPLETE YOUR NEW HIRE PAPERWORK. PAYCHECKS WILL NOT BE PROCESSED UNTIL THESE FORMS ARE COMPLETED AND RECEIVED BY PER, NOR WILL YOU BE COVERED UNDER WORKERS COMPENSATION.



500 North Maitland Avenue, Suite 201, Maitland, Florida 32751

[www.perhumanresources.com](http://www.perhumanresources.com)

Tel: 407-599-4990 | Fax: 407-599-4991 | Toll Free: 888-599-4991

### The following require a signature and **MUST BE RETURNED TO PER:**

- |   |  |
|---|--|
| <input type="checkbox"/> Employee Information Form          | <input type="checkbox"/> Direct Deposit Authorization (optional) |
| <input type="checkbox"/> General Safety Rules               | <input type="checkbox"/> W-4 Form                                |
| <input type="checkbox"/> Drug Free Workplace Acknowledgment | <input type="checkbox"/> I-9 Form                                |

### INSTRUCTIONS FOR COMPLETING THE FORMS

#### EMPLOYEE:

- Carefully read and complete the Employee Information Form and sign where indicated.
- Carefully read the General Safety Rules, then sign, print and date the form.
- Carefully read the Drug Free Workplace Acknowledgment Form then sign, print and date the form.
- If offered at your worksite, and you wish to receive your pay by direct deposit, read, complete and sign the Direct Deposit Authorization Form and provide a copy of a voided check.
- Complete the bottom portion of the first page of the W-4 form in its entirety then sign and date.
- Complete section 1 only of the I-9 form. Within 2-3 days of your first day of employment (not sooner or later) you must provide your worksite employer with original documentation required so employer can complete section 2. (see list of acceptable documents).

#### CLIENT

- Complete bottom section (shaded in green) of the Employee Information Form and sign.
- Complete section 2 of the I-9 form (make sure you examine original documentation as legally required; documents must be examined and form must be signed within 2-3 days of the employee's first day worked; not sooner or later as this will violate compliance requirements).
- Check all documents for accuracy and completion.
- Forward only forms labeled "RETURN TO PER."**

**PLEASE MAKE SURE ALL COLORED AREAS ARE COMPLETED**



# EMPLOYEE INFORMATION FORM

RETURN TO PER

As listed on your Social Security Card

Last Name	First Name	MI	Social Security No.
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Street Address	Apartment/P.O. Box	County
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City	State	Zip Code	Phone Number (Home) ( )	Email Address
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<b>Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Race</b> <input type="checkbox"/> Caucasian (C) <input type="checkbox"/> Black or African American (B) <input type="checkbox"/> Hispanic or Latino (S) <input type="checkbox"/> Asian (O) <input type="checkbox"/> American Indian/Eskimo (I) <input type="checkbox"/> Native Hawaiian or other Pacific Islander (H) <input type="checkbox"/> Two or More Races (M)		<b>Veteran Status</b> <input type="checkbox"/> Non Veteran (N) <input type="checkbox"/> Viet Nam Veteran (V) <input type="checkbox"/> Other Vet (O)	<b>Birth Date</b> Mo. Day Yr. <hr/> Cell Phone Number ( )
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Emergency Contact	Relationship	Phone Number ( )
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### Communicating with Employees

Periodically Professional Employer Resources, Inc. will need to inform employees of work related information, including but not limited to legal notices, unemployment matters, benefits and payroll information. The information that Professional Employer Resources, Inc. may include in mailed and transmitted documents and notices may contain confidential information as it relates to the employee. Information such as but not limited to name, date of birth, social security number, address, etc... may be included in such communications. Professional Employer Resources Inc. will utilize the most cost effective method including electronic communication (sending an email to your employer assigned email address or your personal email address), U.S. postal service, UPS, Fed-Ex, or any means necessary to communicate with you.

I have read, understand and consent to this communication process set by Professional Employer Resources, Inc. I consent to any means of communication that Professional Employer Resource, Inc. deems appropriate. In addition, I agree to keep my email address updated with Professional Employer Resources, Inc. to ensure that documents and information is communicated to me in the most efficient and expeditious manner.

I agree to release Professional Employer Resources, Inc. and all its affiliates and partners from any miscommunications transmitted via any method mentioned above including electronic communication.

I the undersigned employee, in consideration of my hiring by Professional Employer Resources, Inc. (PER) as an at-will leased employee of PER, acknowledge and agree to the following: I have been hired as an at-will employee of PER which is an employee leasing company/professional employer organization which has partnered with the client (my worksite employer), and there is no contract of employment which exists between me and the client to which I have been assigned, nor between PER and I. I understand that any misrepresentation, falsification or omission of fact by me on this New Hire Packet or other documents or records I submit to PER or my worksite employer can be justification for immediate disciplinary action, up to and including termination. I have been informed of PER's 90-day initial probationary period. I understand and agree that my employment is for no definite period and regardless of the date of payment of wages and salary; I may be terminated at any time with or without prior notice either by PER or myself as I am an at-will employee. I also agree that if at any time during my employment I am subjected to any type of discrimination or retaliation, including discrimination based on my race, sex, age, religion, color, national origin, disability, veteran status, or other classification protected by applicable federal, state or local law in which I'm able to perform the essential job functions or the position, or if I am subjected to any type of harassment including sexual harassment, I will immediately contact PER's Human Resources Department in order to obtain assistance in such matters. Receipt of PER's Employee Handbook is acknowledged. In consideration of my employment, I agree to read and abide by the conditions, rules and policies of this Handbook.

X _____	_____
Employee Signature	Date

<b>BOXED AREA TO BE COMPLETED BY CLIENT</b>					
Client Account Name			DEPT:	WC Class Code	
Is this a Rehire? <input type="checkbox"/> YES <input type="checkbox"/> NO	P.E.R. Hire Date	Client Hire Date	<input type="checkbox"/> Hourly <input type="checkbox"/> Other: <input type="checkbox"/> Salaried _____ <input type="checkbox"/> Commission/Piecework <input type="checkbox"/> Exempt <input type="checkbox"/> Non-exempt	F/T <input type="checkbox"/>	Pay Rate \$ _____ Per _____
			P/T <input type="checkbox"/>	<input type="checkbox"/> Regular <input type="checkbox"/> Temporary	
New Hire Job Title _____			Client Representative: _____		
<b>FOR PER INTERNAL STAFF ONLY:</b>			Alternate ID # : _____		
<b>Direct Deposit Entered?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO (Missing Info) <input type="checkbox"/> NA (Not Applicable)		<b>E-Verify Processed?</b> <input type="checkbox"/> YES <input type="checkbox"/> NA (Not Applicable)		<b>Payroll Rep Initials</b> _____	

1. Job safety is the responsibility of each individual employee. Job safety often is 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 minor, must be reported to your on-site supervisor IMMEDIATELY.
3. Employees under the influence of drugs or alcohol, while on the job, will be subject to disciplinary action, up to and including discharge. If you are taking prescribed medication, you must advise the on-site supervisor prior to the start of the shift if side effects of the medication can affect your performance or can be a safety risk.
4. When you report for work, if you feel ill or are emotionally upset due to personal problems, inform your on-site supervisor before starting work if you believe your illness or emotions will affect your performance or will be a safety risk.
5. Report any unsafe condition to your on-site supervisor immediately, even if the unsafe condition does not directly affect you.
6. If you are not sure of how to perform the job you must, STOP AND CHECK WITH YOUR ON- SITE SUPERVISOR. This is for your safety and for the safety of your fellow workers.
7. Do not start or operate any equipment without proper authority and safety instruction. Never operate a piece of equipment when guards or other safety devices are not in place.
8. Do not attempt to repair or tamper with equipment not working properly. Report the condition to your on-site supervisor immediately.
9. Any employee who is furnished safety equipment will be required to use such equipment while doing the work for which the equipment was furnished.
10. Good housekeeping practices should be followed at all times. This means clean tools, dry floors, maintain neat work areas and arrange materials properly.
11. Use the correct method for lifting objects. Lift with your legs, not your back. If a load is too heavy or awkward, ask for assistance.
12. 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 marked.
13. Do not use flammable liquids, toxic materials, chemicals or acids unless authorized and instructed in the proper procedures.
14. As of July 1, 2003, Chapter 386 part II, Florida Statutes "The Florida Clean Air Act", smoking is prohibited in all enclosed indoor working places unless otherwise noted.
15. All employees who drive or are passengers, while on company business, must wear their seat belts at all times.
16. Obey all safety and warning signs at all times.
17. If you are treated by a physician or authorized medical personnel for an injury that occurs on the job, you will be required to submit to drug and/or alcohol testing within 24 hours from the incident time.
18. If you are involved in any accidents or injuries on the job, you will be required to submit to post-accident/injury drug and/or alcohol testing within 24 hours from the incident time.

*I have read these rules (or the rules have been read to me) and I understand and will obey the rules for my own benefit.*

X

EMPLOYEE SIGNATURE

PRINT NAME

DATE

## EMPLOYEE INFORMATION AND RESOURCES

- A hotline is available for you to call any day and anytime from anywhere in the U.S. You may call to report any unlawful employment practices or work related issues including harassment and hostile work environment. This hotline service provided by P.E.R is called **THE FIRST RESPONSE HOTLINE** and the number you may call **1-877-773-1353**. You are required to report any unlawful employment issues to a supervisor/manager, to PER, or by calling the hotline. This will allow your employer the opportunity to investigate and take corrective action, if needed.
- You may be awarded up to \$25,000 for providing information to the Department of Financial Services leading to the arrest and conviction of persons committing insurance fraud. A person is not subject to civil liability for furnishing such information, if such person acts without malice, fraud or bad faith. You may report suspected fraud to the Department at **1-800-378-0445**.
- All leased employees are placed in a 90 day probationary period.
- Ask your work-site supervisor if there are internal policies/manuals with additional rules and guides that you should be aware of.
- All employers are required to post state and federal employment notices in an area accessible to all employees. Ask your work-site employer where the mandated employment notices are posted. These are notices that outline your employment rights as an employee.
- Not all clients are required to offer FMLA leave because they may not meet the requirements of having 50 or more employees within a 75 mile radius. - Ask your work-site supervisor/employer.

### **It is every employee's responsibility to:**

- Know their employment rights.
- Read all information provided to them by their work-site employer and/or P.E.R.
- Report unlawful or unsafe issues.
- Meet and maintain performance standards.
- Know and understand that misconduct connected with work irrespective of whether the Misconduct occurs at the workplace or during work hours may result is disciplinary up to and Including termination of employment.
- Immediately report any work related injury to PER at (407) 599-4990. **(regardless if medical treatment is needed or not).**

**ACKNOWLEDGMENT OF THE DRUG FREE WORKPLACE PROGRAM AGREEMENT TO SUBMIT TO DRUG TESTING AGREEMENT TO RELEASE DRUG TEST RESULT**

**RETURN TO PER**

I, \_\_\_\_\_, understand that Professional Employer Resources, Inc. maintains a Drug Free Workplace Policy requiring all employees to report to work in a substance free condition. I agree to submit to all requests to be screened for illegal drugs, substance or alcohol use. I understand that a positive result may be immediate grounds for termination.

I have read, or had read to me, a copy of this policy and I understand the consequences of violating the policy, including my obligations under the Drug Free Workplace Act, Sections 440.09 and 440.102, Florida Statutes. If I did not understand the policy, I have asked for and have received an explanation. I specifically understand that if I refuse to be tested or test positive for drugs or alcohol that I thereby forfeit eligibility for all Workers' Compensation Medical and Indemnity benefits and may be subject to termination.

I understand that as a condition of my initial and/or continued employment, as a part of initial and routinely scheduled fitness for duty physical examinations when required by Company, random (if applicable), and where reasonable suspicion of drug use exists, the Company will require me to undergo substance screening by urinalysis, blood (for alcohol), hair follicle or other testing procedure and I hereby agree to submit to such tests including follow up to rehabilitation testing and the required post accident testing.

I further consent to the results of any such drug screen(s) being released to the Company's authorized representative by the Medical Review Officer (MRO) and understand that I am legally authorized to receive a copy of this consent form if requested. The results will not be released to any additional parties without my written authorization, except that I acknowledge that the Company, agents of the Company, and the testing laboratory will have access to the drug test results and may disclose such results to its attorney in connection with Workers' Compensation proceedings, and in addition may use the test results when relevant to its defense in other civil or administrative matters, such as but not limited to unemployment matters.

I release any testing facility personnel and/or any physicians who have tested me from any liability arising from a release or use of any and all test results, written reports, medical records and data concerning my test(s) to the appropriate Company officials. I further release all Company officials from liability arising from the release or use of the test results.

I also understand that the Drug Free Workplace Policy and related documents are not intended to constitute a contract between me and the Company.

I acknowledge receipt of a copy of this policy.

\_\_\_\_\_  
SIGNATURE | PRINTED NAME | DATE

THIS FORM IS OPTIONAL

# Direct Deposit Authorization

Through Professional Employer Resources Inc.'s payroll system you are offered the ability to directly deposit your payroll check into your checking or savings account. You can direct deposit all or a portion of your check, then you will receive the balance in check form on your payday.

Employees who elect direct deposit will receive a check stub in the same form as a normal paycheck. The amount of the direct deposit will be reflected in the deduction column on the stub of the "check". As a result of the complexities involved with electronic funds transfer, your direct deposit amount may not be reflected in your account for up to two days after your company's pay date. Never write checks without verifying that the deposit has been made. Professional Employer Resources, Inc. is not responsible for the availability of funds. You will receive a normal paycheck until direct deposit is activated.

Documentation for verifying account/routing numbers will be required. Deposit slips are not accepted as documentation. For checking accounts, please provide a voided check. For savings accounts or checking accounts where checks are not available, a letter from your financial institution is acceptable. These items are required in addition to this form in order for Direct Deposit to be initiated

To begin the process, complete the form below and return to Professional Employer Resources, Inc.

***I authorize Professional Employer Resources, Inc. to initiate entries to the bank accounts listed below. I realize that deposits must be verified before attempting to withdraw funds or write checks drawn from these accounts.***     ***New Direct Deposit Request***     ***Additional Account***     ***Replace Existing Account***  
*(Stop Current)*

Financial Institution: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_    Checking:     Savings:

Amount to be deposited: \$ \_\_\_\_\_ or \_\_\_\_\_ %

***If the total amount direct deposited is less than 100% of my paycheck, the balance will be forwarded to me in the form of a check.***

Financial Institution: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_    Checking:     Savings:

Amount to be deposited: \$ \_\_\_\_\_ or \_\_\_\_\_ %

Employee Name: \_\_\_\_\_  
 (Please Print)

Employee Signature: \_\_\_\_\_    Date: \_\_\_\_\_



**TO: All Employees**  
**FROM: Professional Employer Resources, Inc.**

This notice is provided to advise you that your worksite employer and Professional Employer Resources, Inc. have entered into a contractual relationship under which Professional Employer Resources, Inc. is providing payroll services, workers' compensation insurance and other employment related services to your worksite employer. Those services are more fully described in a written Client Service Agreement. You may request a copy of the Client Service Agreement from Professional Employer Resources, Inc. or your worksite employer. During the term of the Client Service Agreement; you will receive your wages and other compensation from Professional Employer Resources, Inc. The employment responsibilities of Professional Employer Resources, Inc. and your worksite employer are controlled by the Client Service Agreement, as well as by federal, state, and local laws including specifically Florida Statute 468.525; which provides that Professional Employer Resources, Inc.:

- a) Reserves a right of direction and control of Transferees assigned to your worksite employer location as necessary to fulfill its statutory and contractual obligations herein. Your worksite employer retains such direction, control over the Transferees as is necessary to conduct the worksite employer's business, and without which your worksite employer would be unable to conduct its business, discharge its fiduciary responsibilities or comply with applicable licensure, regulatory or statutory requirements.
- b) Assumes responsibility for payment of wages to the Transferees without regard to payments by worksite employer to Professional Employer Resources, Inc.
- c) Assumes full responsibility for the payment of payroll taxes and collection of taxes from payroll on the Transferees.
- d) Retains authority to hire, terminate, discipline and reassign Transferees. Your worksite employer, however, has the right to accept or cancel the assignment of any Transferee.
- e) Retains a right of direction and control over management of safety, risk and hazard control at the work site or location affecting the Transferees, including responsibility for performing safety inspections of your worksite employer equipment at premises. Responsibility for the promulgation and administration of employment and safety policies, and responsibility for the management of workers' compensation claims, claims filing and related procedures.



**Visit the PER WEBSITE!**

**[www.perhumanresources.com](http://www.perhumanresources.com)**

**You can access all your information by clicking on the CLIENT AREA PADLOCK ICON link on the main screen.**

Click on the create a new login link. Follow the prompts to set up your access.

\* It is recommended that you provide a personal email address. This will allow you to still have access to reset your password in the event that you change employment.

### **Settings**

Login Setting  
Manage Access

### **My Data**

Earning Statement  
Basic Information  
W-2 Register  
Job Status  
Year-to-Date Information  
Department  
Personal Information  
Paid Leave  
Tax Settings  
Emergency Contact  
Benefits  
Benefit Dependents  
Direct Deposit



**PROFESSIONAL  
EMPLOYER  
RESOURCES INC.**

If you need any assistance logging in  
or have any questions  
please call our office at

**(407) 599-4990 / (888) 599-4991**