



FLORIDA
RESOURCE
MANAGEMENT

Welcome!

In accordance with Florida Statute Title XXII; Section 468.125(f), your worksite employer has entered into an agreement with Florida Resource Management, a Professional Employer Organization.

TO BE COMPLETED BY EMPLOYEE:

First _____ Middle _____ Last _____

Social Security # _____ - _____ - _____ Date of Birth ____/____/____ Gender: Male / Female

Home Street Address: _____ Apt. No. _____

City: _____ State: _____ Zip: _____

Mailing Address (if different from above): _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ - _____ Phone: () _____ - _____

Emergency Contact: _____ Phone: _____

Three (3) or more consecutive scheduled days of No Call or No Show for shifts will be considered a voluntary quit/job abandonment. No prior warnings are needed to consider this as a voluntary resignation. Upon separation from employment, the former employee must call Florida Resource Management at (941) 343-6160.

Employee Signature _____ **Date** _____

Voluntary EEO Identification

Various agencies of the United States Government require employers to maintain information on applicants pertaining to such factors as race, sex and type of position for which an applicant applies. The information requested here is for compliance with certain record keeping requirements. We believe all persons are entitled to equal employment opportunities and do not discriminate against employees or applicants for employment because of race, color, sex, religion, nationality, disability, veteran status, age, marital status, or any other protected group.

- | | |
|--|---|
| <input type="checkbox"/> White (Non-Hispanic or Latino) | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Black or African American (Non-Hispanic or Latino) | <input type="checkbox"/> Origins of Hawaii, Guam, Samoa or other Pacific Islands |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> American Indian or Alaskan Native |
| <input type="checkbox"/> Asian (Non-Hispanic or Latino) Origins of the Far East, Southeast Asia or the Indian subcontinent | <input type="checkbox"/> Two or More Races (Non-Hispanic or Latino) All persons who identify with more than one of the listed races |

If the employee elected not to complete the information, the employer has completed it through visual identification as required by law.

TO BE COMPLETED BY CLIENT:

Client Name: _____ Client Number: _____

Status New Hire Re-Hire Hire Date _____ Original Hire Date _____

Workers Comp Class Code _____ Position Title _____

Location _____ Primary Dept. _____

FLSA Status Exempt / Non-Exempt
 Full Time Part-Time Standard # of Hours per Week _____

Pay Frequency

- Weekly
- Bi-Weekly
- Semi-Monthly
- Monthly

Method and Rate of Pay

- Hourly / Rate _____
- Salary / Amount _____
- Piecework Rate / Amount _____

Client Signature _____ **Date** _____

AGREEMENT

I, THE UNDERSIGNED EMPLOYEE, IN CONSIDERATION OF MY HIRING BY FLORIDA RESOURCE MANAGEMENT, LLC ("FRM") AS AN AT-WILL LEASED EMPLOYEE OF FRM, ACKNOWLEDGE AND AGREE TO THE FOLLOWING:

- I have been hired as an at-will employee of FRM, which is an employee leasing company.
- There is no contract of employment which exists between me and the client to which I have been assigned; nor between FRM and me, and FRM have no liability with regard to any employment agreement.
- I understand and agree that either FRM or I can terminate our employment relationship at any time as I am an at-will employee of FRM.
- I further understand and agree that continued employment with the client to which I have been assigned is an essential requirement for employment with FRM, and that if my employment with the client to which I have been assigned ends, my employment with FRM will also immediately end at that time.
- I also agree that while I am a leased employee of FRM, if FRM does not receive payment from client for services which I perform as a leased employee, FRM will still pay me the applicable minimum wage (or the legally required minimum salary) for any such pay period, and I agree to this method of compensation.
- I understand and agree that FRM has no obligation to pay me any other compensation or benefit unless FRM has specifically, in a written agreement with me, adopted the client's obligation to pay me such compensation or benefit.
- I understand that the client to which I am assigned at all times remains obligated to pay me my regular hourly rate of pay if I am a non-exempt employee, and to pay me my full salary if I am an exempt employee, even if FRM is not paid by the client to which I am assigned.
- I understand and agree that FRM does not assume responsibility for payment of bonuses, commissions, severance pay, deferred compensation, profit sharing, vacation, sick, or other paid time off pay, or for any other payment, where payment for such items has not been received by FRM from the client to which I am assigned.
- In recognition of the fact that any work related injuries which might be sustained by me are covered by state workers' compensation statutes, and to avoid the circumvention of such state statutes which may result from suits against the customers or clients of FRM, or against FRM based on the same injury or injuries, and to the extent permitted by law, **I hereby waive and forever release any rights I might have** to make claims or bring suit against any client or customer of FRM or against FRM for damages based upon injuries which are covered under such workers' compensation statutes.
- I also agree to comply with any drug testing policy which FRM may adopt, and I specifically agree to post-accident drug testing in any situation where it is allowed by law.
- In addition, I also agree that if at any time during my employment I am subjected to any type of discrimination, including discrimination because of race, sex, age, genetic information, religion, color, retaliation, national origin, handicap, disability, or marital status, or if I am subjected to any type of harassment including sexual harassment, I will immediately contact an appropriate person of the client company to which I have been assigned. In most instances, this appropriate person will be the president of the client company. Should I choose not to contact the client company for any reason, I may contact FRM human resources director at 941-343-6160 in order to obtain assistance in the resolution of such matters. I understand and agree FRM does not have actual control over my workplace and as such, is not in a position to end or remediate any discrimination, harassment, or retaliation which may be occurring. The responsibility to resolve and/or end such inappropriate conduct rests with the client company; however, FRM will attempt to facilitate a resolution.
- I understand and agree that if I am accepted as a leased employee of FRM, I am expressly prohibited from performing any work outside the state of Florida for client during my status as a leased employee except as is allowed pursuant to the workers' compensation policy provided to me by FRM, or except as may be allowed in writing by FRM and FRM workers' compensation carrier. If I work outside the state of Florida for client without first securing this approval, I understand that I will not be a leased employee of FRM and may not be provided workers' compensation benefits through FRM or FRM's workers' compensation carrier. My leased employment with FRM will be considered immediately terminated upon commencement of my trip outside the state of Florida to perform work for client where prior approval has not been received as set forth herein.

Employee Signature _____

Date _____



Prohibited Placement Policy

As an FRM employee, your safety is our greatest concern. For that reason, there are certain jobs and working conditions that we do not allow. Under no circumstances do we allow our workers' to get on roofs. Work that is more than six feet off of the ground must be approved by FRM in writing, and work that is more than knee level below ground must meet OSHA requirements. If you are ever asked to perform work that involves these conditions, you must **call our office immediately at 941-343-6160.**

NO ROOFS!

NO WORK MORE THAN SIX FEET OFF OF THE GROUND WITHOUT WRITTEN CONSENT
DO NOT PERFORM ANY WORK THAT YOU FEEL IS UNSAFE!

By signing below, I agree to call FRM's office if I am asked to perform work that requires me to get on a roof, is more than six feet off of the ground, or is more than knee deep below ground level.

Employee Name: _____

Signature: _____

Date: _____



Anti-Fraud Reward Program

Workers' compensation fraud occurs when any person knowingly and with intent to injure, defraud or deceive any employer or employee, insurance carrier or self-insured program, files false or misleading information. Workers' compensation fraud is a third degree felony that can result in fines, civil liability and jail time. Rewards of up to \$25,000 may be paid to individuals who provide information that lead to the arrest and conviction of persons committing insurance fraud.

To report suspected workers' compensation fraud call (941)343-6160

Employee Signature _____

Date _____

Employee Acknowledgement

I have been hired as an at-will employee of FRM, which is an employee leasing company that is the employer of record and provides payroll administration, workman's compensation coverage, and year end W-2 statements.

I understand I am a leased employee.

Upon separation from employment, the former employee must call Florida Resource Management at (941) 343-6160. If you make no attempt to contact FRM benefits may be denied.

Employee Signature _____

Date _____



Employee Direct Deposit Application

Company Name _____ Client ID _____

Employee Name _____ Social Security# _____ - _____ - _____

To Initiate Direct Deposit:

I hereby authorize Florida Resource Management (FRM) to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit in error on my account indicated below and the depository named below to credit and/or debit the same to such account.

This authority is to remain in full force and effect until FRM has received written notification from me of its termination in such time and such manner as to afford FRM and a depository a reasonable opportunity to act on it. I realize that FRM is not responsible for any deposits that are not in my account by my regular payday. I further realize that depending on my bank, a deposit that FRM has initiated may take up to three to five business days to affect my account.

Amount To Be Deposited

___ Full Paycheck
___ Percentage _____

Account Type

(Check One)
___ Checking Account (Attach voided check)
___ Savings

Attach Voided Check Here or Printed Information from Banking Institution

Employee name must be on the account, otherwise deposit may be rejected and all fees incurred will be the responsibility of the employee.

Employee Signature _____ **Date** _____