



# Connect Staffing Solutions, LLC.

## APPLICATION FOR EMPLOYMENT

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

This Company is an Equal Employment Opportunity Employer. We will not tolerate discrimination because of race, color, religion, color, sex, age, National Origin, Veteran Status, disability, or any other reason. All qualified applicants are encouraged to submit applications for employment. Employment with the Company is At-Will.

### PERSONAL INFORMATION

NAME (LAST NAME FIRST)		SOCIAL SECURITY	
PRESENT ADDRESS		CITY	STATE      ZIP CODE
PERMANENT ADDRESS		CITY	STATE      ZIP CODE
PHONE NUMBER (   ) -      -	REFERRED BY (NAME OF REFERRING PERSON, AGENCY, OR SOURCE OF EMPLOYMENT AD)		

### EMPLOYMENT DESIRED

POSITION	ARE YOU AVAILABLE TO WORK:		DATE YOU CAN START / /	SALARY DESIRED
	SHIFT WORK <input type="checkbox"/>	TEMPORARY <input type="checkbox"/>		
		FULL TIME <input type="checkbox"/>	PART-TIME <input type="checkbox"/>	
ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHERE?		WHEN?
EVER WORKED FOR THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO				

### EDUCATION

NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL		<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE		<input type="checkbox"/> YES <input type="checkbox"/> NO	
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL		<input type="checkbox"/> YES <input type="checkbox"/> NO	

### FORMER EMPLOYERS

(LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM: TO:				
FROM: TO:				
FROM: TO:				
FROM: TO:				

ARE YOU AT LEAST 18 YEARS OF AGE?       YES       NO

DO YOU HAVE THE LEGAL RIGHT TO WORK AND REMAIN IN THE UNITED STATES?       YES       NO

### SPECIAL SKILLS

WHAT SKILLS OR ADDITIONAL TRAINING DO YOU HAVE THAT ARE RELATED TO THE JOB FOR WHICH YOU ARE APPLYING?

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WHAT MACHINES OR EQUIPMENT CAN YOU OPERATE THAT ARE RELATED TO THE JOB FOR WHICH YOU ARE APPLYING?

DO YOU HAVE DOT OQ/ISNETWORLD QUALIFICATIONS? ?  Yes  No

U.S. MILITARY SERVICE

RANK

HAVE YOU EVER BEEN

CONVICTED OF A FELONY?  Yes  No

NOTE: CONVICTION DOES NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT. EACH CONVICTION WILL BE JUDGED ON ITS OWN MERIT WITH RESPECT TO TIME, CIRCUMSTANCE, AND SERIOUSNESS, AND WILL BE CONSIDERED AS IT MAY APPLY TO THE JOB FOR WHICH YOU ARE APPLYING.

ARE YOU ABLE, WITH OR WITHOUT REASONABLE ACCOMMODATION, TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING?

Yes  No

COMMENTS:

ARE YOU CURRENTLY USING ILLEGAL  YES  NO  
DRUGS?

IF YES, WHAT ILLEGAL DRUGS HAVE YOU RECENTLY  
USED?

**AUTHORIZATION:**

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 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 FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY THE PRESIDENT.

I UNDERSTAND AND AGREE THAT, IF I AM OFFERED A POSITION, IT WILL BE OFFERED ON CONDITION THAT MY EMPLOYMENT SHALL BE AT-WILL AND FOR NO DEFINITE PERIOD. I UNDERSTAND AND AGREE THAT MY EMPLOYMENT MAY BE TERMINATED BY THE COMPANY AT ANY TIME, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT THE OPTION OF EITHER THE COMPANY OR MYSELF.

I UNDERSTAND THAT ANY OFFER OF EMPLOYMENT MAY BE CONDITIONED ON MY PASSING A POST-OFFER MEDICAL EXAMINATION, AND WILL BE CONDITIONED ON MY PASSING A POST-OFFER DRUG AND ALCOHOL TESTING AND MY ACCEPTANCE OF COMPANY POLICIES AND AGREEMENT TO ABIDE BY COMPANY POLICIES, RULES, AND PROCEDURES INCLUDING ALL AMENDMENTS, REVISIONS OR SUPPLEMENTS WHICH MAY BE ISSUED AT ANY TIME.

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

SIGNATURE:

INTERVIEWED BY: \_\_\_\_\_

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

NOTES:

FOR DRIVING JOBS ONLY: DO YOU HAVE A VALID DRIVER'S LICENSE?

Yes

No

DRIVER'S LICENSE NUMBER/STATE: \_\_\_\_\_

CLASS OF LICENSE: \_\_\_\_\_

HAVE YOU EVER HAD YOUR DRIVER'S LICENSE SUSPENDED OR REVOKED IN THE LAST 3 YEARS?

Yes

No

IF YES, GIVE DETAILS. \_\_\_\_\_

ARE YOU WILLING TO TRAVEL?

Yes

No

DO YOU HAVE RELIABLE TRANSPORTATION?

Yes

No

### VOLUNTARY EEO IDENTIFICATION -VETERAN/DISABILITY/MILITARY STATUS & APPLICANT LOG DATA

VARIOUS AGENCIES OF THE UNITED STATES GOVERNMENT REQUIRE EMPLOYERS TO MAINTAIN INFORMATION ON APPLICANTS PERTAINING TO FACTORS SUCH AS RACE, SEX, AND TYPE OF POSITION FOR WHICH AN INDIVIDUAL APPLIES. THE INFORMATION ON THIS SHEET IS FOR COMPLIANCE WITH CERTAIN RECORD KEEPING REQUIREMENTS. THE COMPANY BELIEVES ALL PERSONS ARE ENTITLED TO EQUAL EMPLOYMENT OPPORTUNITIES AND DOES NOT DISCRIMINATE AGAINST ITS EMPLOYEES OR APPLICANTS FOR EMPLOYMENT BECAUSE OF RACE, COLOR, SEX, RELIGION, NATIONAL ORIGIN, DISABILITY, VETERAN STATUS, AGE, MARITAL STATUS OR ANY OTHER PROTECTED GROUP STATUS.

NAME \_\_\_\_\_ DATE \_\_\_\_\_

POSITION APPLIED FOR \_\_\_\_\_ EEO JOB CATEGORY (SEE TABLE BELOW) \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SEX:  MALE  FEMALE

HOW DID YOU FIND OUT ABOUT THIS POSITION? (SEE BELOW FOR REFERRAL SOURCE TABLE) \_\_\_\_\_

#### RACE/ETHNIC DATA:

HISPANIC OR LATINO (NOTE: IF THIS CATEGORY IS CHOSEN, THEN NO OTHER CATEGORY BELOW CAN BE CHOSEN)

\*\*\*IF HISPANIC OR LATINO IS NOT CHOSEN, THEN SELECT THE CORRECT CATEGORY BELOW:\*\*\*

WHITE

BLACK OR AFRICAN AMERICAN

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

ASIAN

AMERICAN INDIAN OR ALASKA NATIVE

TWO OR MORE RACES

REGULATIONS ISSUED BY THE U.S. DEPARTMENT OF LABOR WITH RESPECT TO DISABLED INDIVIDUALS, DISABLED VETERANS, AND VIETNAM ERA VETERANS REQUIRE THAT FEDERAL CONTRACTORS PROVIDE AN OPPORTUNITY FOR SELF-IDENTIFICATION TO CANDIDATES SEEKING EMPLOYMENT. SUCH SELF-IDENTIFICATION IS SUBMITTED ON A VOLUNTARY BASIS, ON A CONFIDENTIAL BASIS, FOR USE ONLY IN ACCORDANCE WITH REGULATIONS, AND WITHOUT SUBJECTING THE INDIVIDUAL TO ADVERSE TREATMENT.

#### VETERAN/DISABILITY/MILITARY STATUS:

<input type="checkbox"/> DISABLED VET	<input type="checkbox"/> UNSPECIFIED VETERAN
<input type="checkbox"/> ACTIVE RESERVE	<input type="checkbox"/> RETIRED
<input type="checkbox"/> INACTIVE RESERVE	<input type="checkbox"/> ARMED FORCES SERVICE MEDAL
<input type="checkbox"/> NO MILITARY SERVICE	<input type="checkbox"/> DISCHARGE DATE
<input type="checkbox"/> OTHER PROTECTED VETERAN	<input type="checkbox"/> DECLINE TO DISCLOSE

#### FOR COMPANY USE ONLY

WAS APPLICANT INTERVIEWED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	POSITION OFFERED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	HIRED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF NO, GIVE BRIEF REASON WHY: (EXAMPLES: NO POSITION AVAILABLE, NOT QUALIFIED, REFUSAL TO TAKE DRUG TEST)								
WAS OQ COORDINATOR NOTIFIED IF THERE ARE OQ QUALIFICATIONS? <input type="checkbox"/> Yes <input type="checkbox"/> No								

#### EEO JOB CATEGORY:

- 1.1 EXEC/SR. LEVEL OFFICIALS & MANAGERS
- 1.2 FIRST/MID-LEVEL OFFICIALS & MANAGERS
2. PROFESSIONALS
3. TECHNICIANS
4. SALES WORKERS
5. OFFICER AND CLERICAL WORKERS
6. CRAFT WORKERS (SKILLED)
7. OPERATIVES (SEMI-SKILLED)
8. LABORERS (UNSKILLED)
9. SERVICE WORKERS

#### REFERRAL SOURCE

1. UNSOLICITED
2. EMPLOYMENT AGENCY
3. ADVERTISEMENT
4. EMPLOYEE REFERRAL
5. COLLEGE RECRUITMENT
6. OTHER - SPECIFY

AN EQUAL OPPORTUNITY EMPLOYER

# ACKNOWLEDGEMENT & ACCEPTANCE OF CONNECT STAFFING SOLUTIONS, LLC

**I have read, understand and promise to adhere to the Connect Staffing Solutions policies and Handbook. Connect Staffing Solutions policies include, but are not limited to:**

Equal Opportunity Employment  
Substance Abuse  
Use of Information Technology Resources  
Intellectual Property  
Assignments Availability & Re-Assignment Policy  
Privacy Notice for U.S. Residents  
Safety

Leaves of Absence  
Violence Free Workplace  
Confidentiality  
At-Will Employment  
Unemployment Compensation  
Anti-Harassment/Anti-Discrimination  
Workers Compensation

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Employee Signature

Employee SS#

Date

*I have covered the above topics during orientation with our new employee. Connect Representative:*

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Signature:

Date:

## ASSIGNMENT AVAILABILITY & RE-ASSIGNMENT POLICY

This policy only applies on the first day you report to your first assignment with Connect Staffing Solutions. To maintain an active employment status with Connect Staffing Solutions, you must keep us informed of your current availability. When you complete an assignment, you will be required to notify Connect Staffing Solutions by phone within 24 hours and allow Connect Staffing Solutions three (3) business days after your last assignment ends to offer you a potential re-assignment. If you are not re-assigned to another position, it is your responsibility to contact with Connect Staffing Solutions on a weekly basis to advise us of your availability status. If you do not remain in contact with Connect Staffing Solutions, then we will consider you unavailable for work and to have voluntarily resigned from employment. Our office hours are Monday – Friday from 8 AM – 4PM, the office number is 713-534-1884 please leave a detailed voice mail message stating your full name, today's date, your call back number, and your availability status.

By my signature below I acknowledge I have read and understand that I must comply to the Assignment Availability & Re-Assignment Policy as stated above. If I do not comply with this policy my employment status will be terminated and will be considered as voluntarily quit, with no reason given and no notice given.

\_\_\_\_\_  
PRINT Employee Name

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Connect Staffing Solutions Company Representative



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

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [ ][ ]-[ ][ ]-[ ][ ][ ][ ]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

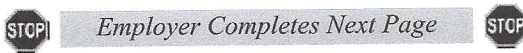
<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized 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: _____  <b>OR</b>          2. Form I-94 Admission Number: _____  <b>OR</b>          3. Foreign Passport Number: _____          Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date (mm/dd/yyyy)
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**Preparer and/or Translator Certification (check one):**  
 I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



# Form W-4 (2019)

**Future developments.** For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** You may claim exemption from withholding for 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2019 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

## General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

**Filers with multiple jobs or working spouses.** If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

**Nonwage income.** If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to find out if you should adjust your withholding on Form W-4 or W-4P.

**Nonresident alien.** If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

## Specific Instructions

### Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

#### Line C. Head of household please note:

Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

**Line E. Child tax credit.** When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

#### Line F. Credit for other dependents.

When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074 <span style="font-size: 2em; font-weight: bold;">2019</span>	
▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.					
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)			3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."		
City or town, state, and ZIP code			4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages) . . . . .				5	
6 Additional amount, if any, you want withheld from each paycheck . . . . .				6 \$	
7 I claim exemption from withholding for 2019, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . . ▶				7	
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶				Date ▶	
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)			9 First date of employment	10 Employer identification number (EIN)	

## Confirmación del Empleado de la Red de Compensación para Trabajadores

He recibido la información que me informa cómo obtener atención médica bajo el seguro de compensación para trabajadores de mi empleador.

Si sufro una lesión en el trabajo y vivo en un área de servicios descrita en esta información, comprendo que:

1. Debo elegir un médico de tratamiento de la lista de médicos de la red. O podría solicitarle a mi médico de cabecera de la OMS que acepte atenderme como médico de tratamiento. Si elijo a mi médico de cabecera como a mi médico del tratamiento, llamaré a Texas Mutual al (800) 859-5995 para notificarles mi opción.
2. Debo dirigirme a mi médico de tratamiento para todos los servicios de atención médica relacionados con mi lesión. Si necesito un especialista, mi médico de tratamiento me dará la derivación. Si necesito atención de emergencia podré dirigirme a cualquier lugar.
3. La compañía de seguros abonará los costos del médico de tratamiento y de los otros proveedores de la red.
4. Podría tener que abonar la factura si recibo asistencia médica en cualquier otro lugar que no sea un médico de la red, si no cuento con la aprobación de la red.
5. A sabiendas hacer un reclamo falso de compensación puede dar lugar a una investigación penal que podría resultar en sanciones penales, como multas y encarcelamiento.

Firma \_\_\_\_\_

Fecha \_\_\_\_\_

Aclaración \_\_\_\_\_

Vivo en:

Dirección \_\_\_\_\_  
\_\_\_\_\_

Ciudad \_\_\_\_\_

Estado \_\_\_\_\_

Código Postal \_\_\_\_\_

Nombre del Empleador: \_\_\_\_\_

Nombre de la Red: *Texas Star Network*<sup>®</sup>

Las áreas de servicio de la red se encuentran sujetas a cambios. Llame al (800) 381-8067 si necesita un proveedor de tratamientos médicos de la red.

Por favor, indique si la presente es la:

Notificación Inicial

Notificación de una Lesión (Fecha de la lesión: \_\_\_/\_\_\_/\_\_\_)

**NO ENTREGUE ESTE FORMULARIO A TEXAS MUTUAL INSURANCE COMPANY EXCEPTO QUE SE LO SOLICITEN.**

©2011 Texas Mutual Insurance Company  
Revisado en abril de 2011



**Attachment A**  
**Acknowledgement of Receipt of Hazard Communication Training**

My signature below acknowledges I have received training concerning Hazard Communications. I understand that this training fulfills the employee training requirement of the Occupational Safety and Health Administration (OSHA) Hazard Communication Standard.

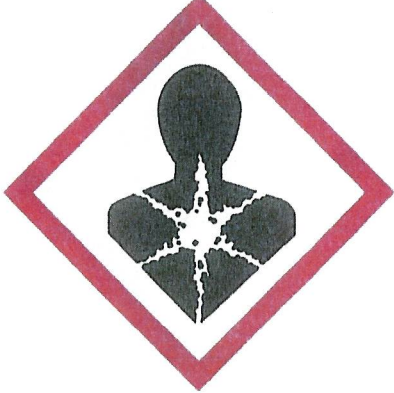


The jobsite and classroom training included the following:

1. Understanding the purpose and scope of the OSHA Hazard Communication Standard.
2. Explanation of the existence of federal, state and local right-to-know laws.
3. Definition of the classification "hazardous chemical."
4. Explanation of situations and elements that must be present for a material to be considered a health hazard.
5. Explanation and interpretation of labels, what is required on all containers, and the Hazard Materials Identification System (HMIS).
6. Understanding and interpretation of Safety Data Sheets and pictogram(s).
7. My responsibilities as an employee of *(Company Name)*.
8. Policies and procedures to follow in case of exposure.

Employee Signature \_\_\_\_\_

Date of Training \_\_\_\_\_

## Attachment C Pictograms and Hazards

HEALTH HAZARD	FLAME	GAS CYLINDER
 <p>Carcinogen Mutagenicity Reproductive Toxicity Respiratory Sensitizer Target Organ Toxicity Aspiration Toxicity</p>	 <p>Flammable Pyrophorics Self-Heating Emits Flammable Gas Self-Peroxides</p>	 <p>Gases Under Pressure</p>

Class Notes:

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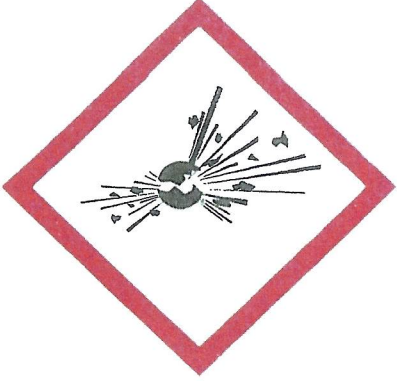

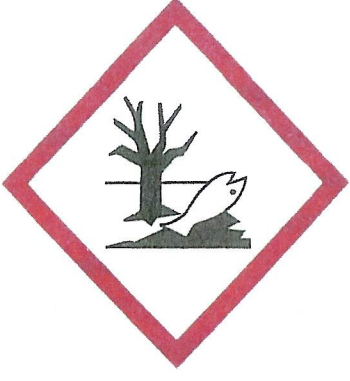
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EXPLODING BOMB	SKULL AND CROSSBONES	ENVIRONMENT*
 <p>Explosives Self-Reactives Organic Peroxides</p>	 <p>Acute Toxicity (fatal or toxic)</p>	 <p>Aquatic Toxicity *(Non-Mandatory)</p>

**Class Notes:**

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## Attachment G

### SECTIONS ON A SAFETY DATA SHEET

The Hazard Communication Standard (HCS) requires chemical manufacturers, distributors, or importers to provide Safety Data Sheets (SDSs) (formerly known as Material Safety Data Sheets or MSDSs) to communicate the hazards of chemical products. As of June 1, 2015, the HCS will require new SDSs to be in a uniform format that must include the section numbers, headings, and associated information listed below:

#### ***Section 1, Identification***

Includes product identifier; manufacturer or distributor name, address, phone number; emergency phone number; recommended use; and restrictions on use.

#### ***Section 2, Hazard(s) identification***

Includes all hazards regarding the chemical and required label elements.

#### ***Section 3, Composition/information on ingredients***

Includes information on chemical ingredients and trade secret claims.

#### ***Section 4, First-aid measures***

Includes important symptoms/effects, including acute or delayed and required treatment.

#### ***Section 5, Fire-fighting measures***

Lists suitable extinguishing techniques and equipment and chemical hazards from fire.

#### ***Section 6, Accidental release measures***

Lists emergency procedures; protective equipment; proper methods of containment; and cleanup.

#### ***Section 7, Handling and storage***

Lists precautions for safe handling and storage, including incompatibilities.

***Section 8, Exposure controls/personal protection*** Lists OSHA's Permissible Exposure Limits (PELs); Threshold Limit Values (TLVs); appropriate engineering controls; and personal protective equipment.

#### ***Section 9, Physical and chemical properties***

Lists the chemical's characteristics.

#### ***Section 10, Stability and reactivity***

Lists chemical stability and possibility of hazardous reactions.

#### ***Section 11, Toxicological information***

Includes routes of exposure; related symptoms including acute and chronic effects; and numerical measures of toxicity.

#### ***Section 12, Ecological information\****

#### ***Section 13, Disposal considerations\****

#### ***Section 14, Transport information\****

#### ***Section 15, Regulatory information\****

#### ***Section 16, Other information***

Includes the date of preparation or last revision.

# **Hazard Communication Program Table of Contents**

- I. Objective
- II. Assignment of Responsibility
- III. Program
  - A. Hazardous Chemical List
  - B. Safety Data Sheets
  - C. Labeling and Pictograms
  - D. Training
  - E. Storage
  - F. Non-Routine Tasks
  - G. Program Compliance
- IV. Attachments
  - A. Acknowledgement of Receipt of Hazard Communication Training
  - B. Sample Hazardous Materials and Chemicals List
  - C. Pictograms and Hazards
  - D. Pictogram Memory Exercise
  - E. Sample Training Roster
  - F. Sample Label
  - G. Sections on a Safety Data Sheet
  - H. OSHA Resources
  - I. DWC Resources

## **Connect Staffing Solutions LLC. Hazard Communication Program**

### **I. Objective**

The objective of this program is to set forth policies and procedures concerning Hazard Communication which will enhance the safety and well being of *Connect Staffing Solutions LLC.* employees. Furthermore, execution of this program is designed to help *Connect Staffing Solutions LLC.* comply with the Occupational Safety and Health Administration's (OSHA) Hazard Communication Standard.

### **II. Assignment of Responsibility**

*Josie Garcia* is the Hazard Communication Officer and is responsible for insuring that responsible persons noted herein adhere to this program and report properly. *(It is encouraged that an alternate or back-up Hazard Communication Officer be assigned in case the primary is not available.)*

### **III. Program**

The following items are to be followed to insure compliance with the OSHA Hazard Communication Standard and the safety of our employees.

All full- and part-time employees, new hires, and contractors of *Connect Staffing Solutions LLC*. are required to be trained on the following:

1. label elements;
2. pictograms;
3. SDS format to facilitate recognition and understanding of the product, its required personal protective equipment (PPE) , and first aid requirements;
4. the chemicals they will be exposed to;
5. locations of SDSs; and
6. chemicals in supply lines within the site.

(Note: If required, Department of Transportation (DOT) pictograms and identification placards should also be included in this training.)

Each affected employee working for or associated with *Connect Staffing Solutions LLC*. is required to review the training material with the Hazard Communication Officer and sign the acknowledgment form, which will be placed in the employee's file. This training is to be done during the new employee orientation process before the new employee assumes status as an active employee.

Employees will receive training on any new hazardous chemical/material introduced into the workplace before the chemical/material is used or when changes are made to the program.

#### E. Storage

All storage areas for hazardous substances will be secured, properly ventilated, and identified by signs.

#### F. Non-Routine Tasks

Before any non-routine task is performed, employees shall be advised and/or they must contact *Josie Garcia* for special precautions to follow and *Josie Garcia* shall inform any other personnel who could be exposed.

If a non-routine task is necessary, *Josie Garcia* will provide the affected employees with information about the activity as it relates to the specific chemicals expected to be encountered:

1. specific chemical name(s) and hazard(s);
2. personal protective equipment required and safety measures to be taken;
3. measures that have been taken to lessen the hazards including ventilation, respirators; and
4. emergency procedures.

*Josie Garcia* will contact each contractor before work starts to gather and disseminate any information concerning chemical hazards the contractor is bringing into the workplace.

#### G. Program Compliance

## Attachment H OSHA Resources

The following items can be downloaded from the OSHA website at <https://www.osha.gov/pls/publications/publication.html> or ordered from OSHA by calling (800) 321-6742:

*Hazard Communication: Hazard Communication Wallet Card*  
OSHA 3658 - 2013

*Hazard Communication Standard: December 1st, 2013 Training Requirements for the Revised Standard Fact Sheet*  
OSHA FS-3642 - 2013

*Hazard Communication Standard: Labels and Pictograms- Brief*  
OSHA BR-3636 - 2013

*Hazard Communication Safety Data Sheets*  
OSHA 3493 – 2012

*Hazard Communication Standard Pictograms*  
OSHA 3491 - 2012

*Hazard Communication Standard: Safety Data Sheets – Brief*  
OSHA BR-3514 - 2013

*Hazard Communication: Steps to an Effective Hazard Communication Program for Employers That Use Hazardous Chemicals Fact Sheet*  
OSHA FS-3696 – 2014