

POLICY ACKNOWLEDGEMENT FORM

Please read AND SIGN each of the following after reviewing all documents included in your hiring packet.

I have received, read and fully understood ESI's **Policies and Procedures** and agree to the same. This policy and authorization(s) have been explained to me in a language I understand. I understand that although this may not be construed as a contract, failure to comply with these policies and procedures could lead to my termination.

Signature

I have received, read and fully understood ESI's **Alcohol & Substance Abuse Policy** (included in Policies and Procedures). Further, I agree to conduct my actions so as not to violate this policy. I understand that a violation of the policy could be grounds for immediate dismissal from employment. I authorize and give full permission to E.S.I. and/or their medical company physician to send blood, breath and urine testing for alcohol and/or drug use and agree to allow such samples and testing to be completed at a time and place to be chosen by ESI using S.A.M.H.S.A. standards. I understand that such samples and testing may be requested of me as established under ESI's Drug and Alcohol Testing Program, including employment prescreening/random, post accident, and reasonable cause testing. I further authorize the results of such samples and/or testing to be released to an ESI representative. I understand this is a legal and binding document; binding because E.S.I. is sending me for the examinations and paying for it.

Signature

I have received, read and fully understood ESI's **Safety Policy** (included in Policies and Procedures) and acknowledge the disciplinary actions which may be taken as a result of non-compliance with such policies.

Signature

I have received, read and fully understood ESI's **Return Policy—Equipment, Uniforms, Advances** (included in Policies and Procedures). If I am provided with or receive any tools and/or equipment from ESI or the client company, I understand that it is my responsibility to retain and use any tools and/or equipment in accordance with ESI, the client company, and OSHA safety rules. I also understand that all tools and/or equipment are to be returned to ESI or the client company upon termination of my work assignment with ESI or the client company. If I fail to return any tools and/or equipment, the cost of the tools and/or equipment will be deducted from my paycheck. I acknowledge the actions which may be taken as a result of non-compliance with this policy.

Signature

I have received, read and fully understood ESI's **Criminal Records Policy** (included in Policies and Procedures) and am waiving my right of confidentiality concerning my felony record.

Signature

Date

Date of Birth

Print Name

Social Security #

Driver's License #/Exp Date

Street Address

City

State

Zip