



Employee Name: _____ Email: _____

Social Security Number: _____ Employee Phone: _____

Company assigned to: _____

Direct Supervisor Name: _____

Direct Supervisor Email: _____

Notes: _____

New Employee Check List	
New Hire Packet Completed	
Two forms of ID for I-9	
Direct Deposit Form (If Applicable)	
Direct Deposit Voided Check or Bank Letter (If applicable)	
Timecard explained to employee	

TIMECARDS:

Timecards are now digital. Employee and Employer will receive a portal link to their email after onboarding has been completed.

Timecards are DUE on the Monday following the pay period and must be submitted from the online portal. Pay day is the Friday after timecards were submitted.

I-9 ID Requirements

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 		<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 <p style="text-align: center;">For persons under age 18 who are unable to present a document listed above:</p> <ol style="list-style-type: none"> 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 		<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



Intern fills out this page if they want direct deposit but must include a letter from bank with account and routing number OR a voided check.

Company Assigned To: _____ Pay Period: _____

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

Company Name: Mid Oregon Personnel Services, Inc Company ID Number: 93-0903486

I (we) hereby authorize Mid Oregon Personnel Services, Inc., hereafter called COMPANY, to initiate all credit entries (and appropriate debit and adjustment entries) to my (our) ___ Checking Account ___ Savings Account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provision of U.S. law.

Depository (Accountholder) Name: Your name here

City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s): _____ ID Number: _____
(Please Print)

Date: _____ Signature: _____

NOTE: WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

Please attach a voided check OR a letter from your bank that shows your account and routing number. WE WILL NOT BE ABLE TO ESTABLISH DIRECT DEPOSIT WITHOUT A VOIDED CHECK OR DIRECT DEPOSIT LETTER



WELLS FARGO Direct Deposit / Automatic Payment Information Form. The fastest, most convenient way to manage your everyday financial transactions - and it's free!

Benefits To You

- Convenient - Your money is deposited automatically for you even when you are ill, on vacation or too busy to get to the bank.
- Dispersed electronically into your Wells Fargo account.
- Fast - You have immediate access to your money on the day of deposit.
- Safe - Never worry about checks getting lost, delayed or stolen.
- Automatic Savings - Watch your savings grow when you have at least part of your pay directed to savings.
- Automatic Payments - You can also set the routing number (RIN) and account number to allow automatic payment for your recurring bills from your checking account. Prepaid cards are not eligible for Automatic Payments. See Terms and Conditions of your card for more information.

Three Easy Steps to Set up Direct Deposit or Automatic Payments

Step 1. Gather Account Information

You must provide the following information about the account where the money will be deposited or withdrawn.

Routing Number (RTN) (9 digit) (BOCAD/Account RIN CHG) If the account information is the left it most convenient to use the following information: For Direct Deposit or Automatic Payment through Checking. Use information based on your check or your prepaid card or your account number. For Direct Deposit or Automatic Payments. Use information based on your account number.

Account Number (10 digit) - includes leading zeros - do not include check numbers. (BOCAD/Account RIN CHG) If the account information is the left it most convenient to use the following information: For Direct Deposit or Automatic Payment through Checking. Use information based on your check or your prepaid card or your account number. For Direct Deposit or Automatic Payments. Use information based on your account number.

Type of Account Check or Card (0, 1, 2, 3, 4, 5, 6, 7, 8, 9) Checking/Prepaid Card Other

Step 2. Contact Your Employer or Payer

Use the table below to find the correct contact to learn if your payer offers direct deposit services and to provide your account information. Your payer may need you to complete a form or provide a voided check to process your request.

Type of Direct Deposit	Existing Enrollment (To change the bank correctly, always designate the routing #)	New Enrollment (To change your paper checks to electronic deposits)
• Salary/Wage	Contact your employer or other payer directly with the information on this form.	Visit a Wells Fargo Bank Store near you or call 1-800-772-7772 (1-800-523-0779 TTY) or visit wellsfargo.com
• Pension	Contact your employer or other payer directly with the information on this form.	Visit a Wells Fargo Bank Store near you or call 1-800-772-7772 (1-800-523-0779 TTY) or visit wellsfargo.com
• Social Security (SSA)	Contact your employer or other payer directly with the information on this form.	Visit a Wells Fargo Bank Store near you or call 1-800-772-7772 (1-800-523-0779 TTY) or visit wellsfargo.com
• Supplemental Security Income (SSI)	Contact your employer or other payer directly with the information on this form.	Visit a Wells Fargo Bank Store near you or call 1-800-772-7772 (1-800-523-0779 TTY) or visit wellsfargo.com
• Railroad Retirement	Contact your employer or other payer directly with the information on this form.	Visit a Wells Fargo Bank Store near you or call 1-800-772-7772 (1-800-523-0779 TTY) or visit wellsfargo.com
• Civil Service Retirement (Office of Personnel Management)	Contact your employer or other payer directly with the information on this form.	Visit a Wells Fargo Bank Store near you or call 1-800-772-7772 (1-800-523-0779 TTY) or visit wellsfargo.com
• Veterans Compensation and Pension	Contact your employer or other payer directly with the information on this form.	Visit a Wells Fargo Bank Store near you or call 1-800-772-7772 (1-800-523-0779 TTY) or visit wellsfargo.com
• Other Federal Agency Benefits	Contact the agency directly. Or call GO Direct at 1-800-333-1795 to get the telephone number of your federal agency.	Contact the agency directly. Or call GO Direct at 1-800-333-1795 to get the telephone number of your federal agency.

Step 3. Monitor Your Account

For direct deposit, it can take one to two months for a payer to process your request and to begin receiving electronic deposits.

Questions? Wells Fargo Phone Bank is available 24/7 at 1-800-10-WELLS (1-800-869-3557)

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Mid Oregon Personnel Services, Inc. Sick Leave Policy
----- **For Temporary and Leased Employees Only** -----

This Sick Leave Policy is adopted by Mid Oregon Personnel Services, Inc. (the “Company”) starting January 1, 2016. Sick leave provided pursuant to this policy is exclusively for the Company’s temporary and leased employees; no other employees shall be eligible to receive sick leave pursuant to this policy. Temporary and leased employees are not entitled to receive any sick leave or other paid time off except as provided in this policy.

Under this sick leave policy, an employee accrues sick leave that the employee may use for any purpose allowed under Oregon’s Sick Leave Law (“OSL”). Those purposes include, for example, leave for: an employee’s own mental or physical illness, injury, or health condition, or that of certain family members; any purpose covered by the Oregon Family Leave Act (which include leave for the birth of the Employee’s child or placement of a child for adoption or foster care; to care for a family member with a serious health condition or the employee’s own health condition; for pregnancy disability or prenatal care; to care for a sick child; and for bereavement leave); domestic violence, stalking, harassment or sexual assault; preventive health and dental care; or public health emergencies.

Sick leave will begin accruing from the employee’s date of hire and may not be used prior to accrual. Additionally, no employee may use accrued sick leave until after the employee has completed 90 calendar days of employment with the Company.

Accrual rate: Each eligible employee accrues 1 hour of sick leave for every 30 hours that the employee works, up to a maximum accrual of 40 hours in each year of employment. Once an employee has accrued 40 hours of sick leave in a year of employment, the employee shall cease to accrue additional sick leave until the next anniversary of the employee’s employment with the Company, at which time the employee shall once again begin accruing sick leave.

Carry over: An employee who has accrued but unused sick leave at the end of each year of employment with the Company may carry over into the following year up to 40 hours of accrued but unused sick leave. Any accrued but unused sick leave in excess of 40 hours automatically lapses at the end of each year of employment and may not be used by the employee thereafter.

Annual usage cap: An employee may not use more than 40 hours of sick leave in any year.

Requesting sick leave: Employees must submit their sick leave request as soon as practicable and, except in the case of an unforeseeable need for such leave, no later than ten days in advance of the date on which the leave is to begin. For foreseeable uses of sick time, employees must make a reasonable attempt to schedule their use of sick time in a manner that does not unduly disrupt the Company’s operations. Requests for sick leave where the employee has accrued sick leave remaining, and where the request is covered by OSL, however, shall not be denied.

The Company understands that, from time to time, situations arise in which meeting the requirements for advance notice is not possible and will make exceptions as needed and as the Company is able to do so. Consistent or other failure to meet these notice requirements, however, may lead to disciplinary action with respect to the employee.

Termination of Employment: On termination of an employee's employment the Company, the employee's accrued but unused sick leave time will automatically lapse and the value of that accrued but unused sick leave time will not be paid to the employee. However, if an employee becomes reemployed with the Company within 180 days of the date of termination of the employee's employment, then, on reemployment, the employee shall automatically be granted any accrued but unused sick leave time that the employee had as of termination.

No Retaliation or Discrimination: The Company strictly prohibits retaliation toward any employee for inquiring about the employee's entitlement to leave that is covered by the OSL, submitting a request for such leave, taking leave pursuant to OSL to which the employee is entitled, participating in an investigation, proceeding, or hearing relating to OSL, or invoking, in good faith, any provision of the OSL law. Employees who believe they have witnessed or experienced any such retaliation or discrimination should contact the owners of the Company.

Print: X _____

Sign: X _____

Date: _____

Workplace Accommodations Notice

Mid Oregon Personnel is an equal opportunity employer and does not discriminate on the basis of race, religion, color, sex, age, national origin, disability, veteran status, sexual orientation, gender identity, gender expression or any other classification protected by law.

Mid Oregon Personnel will make reasonable accommodations for known physical or mental disabilities of an applicant or employee as well as known limitations related to pregnancy, childbirth or a related medical condition, such as lactation, unless the accommodation would cause an undue hardship. Among other possibilities, reasonable accommodations could include:

- Acquisition or modification of equipment or devices;
- More frequent or longer break periods or periodic rest;
- Assistance with manual labor; or
- Modification of work schedules or job assignments.

Employees and job applicants have a right to be free from unlawful discrimination and retaliation

For this reason, Mid Oregon Personnel will not:

- Deny employment opportunities on the basis of a need for reasonable accommodation
- Deny reasonable accommodation for known limitations, unless the accommodation would cause an undue hardship.
- Take an adverse employment action, discriminate or retaliate because the applicant or employee has inquired about, requested or used a reasonable accommodation.
- Require an applicant or an employee to accept an accommodation that is unnecessary.
- Require an employee to take family leave or any other leave, if the employer can make reasonable accommodation instead.

To request an accommodation or to discuss concerns or questions about this notice, please contact any one of our supervisors or call at 541-447-1299 for the human resources department.

RULES OF CONDUCT

MID OREGON PERSONNEL SERVICES, INC. (PSI)

Most employees do not need a list of rules or regulations to guide their personal conduct. Normally, employees respect the person and safety of other people, and follow directives from proper authority. The following list is not intended to describe all situations where discipline may be necessary. It does represent important rules and policies that, if violated, will result in immediate disciplinary action up to and including termination of employment.

- A. Failure to report for work without notifying our office and the supervisor you are assigned to.
- B. Leaving work before quitting time without notifying and getting permission from your supervisor.
- C. Admission of consumption, bringing to, or consuming intoxicants on the job site, or reporting for duty with detectable amounts of intoxicants in your system.
- D. Non-conformance with posted fire protection programs including smoking outside designated areas.
- E. Removal of property from job site without written permission.
- F. Theft or destruction of property belonging to or in charge of another employee.
- G. Sleeping on duty.
- H. Violation of safe work rules.
- I. Intimidation and or/molestation of any individual or group of employees.
- J. Neglect of duty or loafing on the job.
- K. Gross misconduct including horseplay, fighting or throwing anything.
- L. Destruction or defacing property due to a willful or careless act.
- M. Failure to conform to prescribed procedures.
- N. Unauthorized use or operation of equipment.
- O. Willful falsification of company records.
- P. Bringing unauthorized people to your work site.

The quality of work you do is your signature. Do your work to the best of your ability. Impress someone with your eagerness and hustle. Win yourself a full-time job.

Do not lose sight of the fact you are working for PSI. Should you have any questions or complaints regarding job assignments, wage rates, etc., contact our office and we will answer them. DO NOT take complaints to the company where you are assigned.

Should you be let go from your assigned work site, you are responsible for notifying our office as to your status. DO NOT depend upon someone else to notify us that your assignment has ended. Someone will answer our phone 7 days a week, 24 hours a day.

PSI covers you for Worker's Compensation. Should you be injured at your job site, it is imperative we are contacted prior to seeking medical attention unless it is a medical emergency. Failure to do so could result in your termination.

We are proud of all those who work at PSI and hope that you will enjoy working with us. We have found that close cooperation, mutual respect, and courtesy, are key items that make our company a good place to work. We invite your best efforts to help us achieve our goals and we sincerely appreciate your cooperation and loyalty.

I RECOGNIZE THAT IF I AM HIRED BY PSI, IT IS FOR THE SOLE AND EXCLUSIVE PURPOSE OF BEING PLACED FOR WORK IN ONE OF OUR CLIENT MILLS OR BUSINESSES.

"I HAVE BEEN ADVISED BY PSI AND UNDERSTAND THAT I AM AND WILL AT ALL TIMES DURING MY EMPLOYMENT HEREUNDER, BE COVERED BY WORKER'S COMPENSATION INSURANCE. I UNDERSTAND THAT ANY INJURY I RECEIVE WHILE IN THE EMPLOY OF PSI, AND ANY OF THE CLIENT MILLS OR BUSINESSES, WILL BE COVERED SOLELY AND EXCLUSIVELY BY WORKER'S COMPENSATION INSURANCE, AND IN CONSIDERATION OF THAT FACT AND OF THE JOB WHICH I AM GIVEN HEREWITH, I DO HEREBY ACKNOWLEDGE AND AGREE THAT I DO NOT HAVE NOR WILL I MAKE ANY CLAIM OR BRING ANY ACTION OR SUIT AGAINST PSI AND/OR ANY OF THE CLIENT MILLS OR BUSINESSES FOR PERSONAL INJURIES I MAY RECEIVE AS A RESULT OF WORKING THEREIN, EXCEPT A CLAIM FOR WORKER'S COMPENSATION BENEFITS."

DATE _____ **SIGNATURE** _____

Since the information, policies, and benefits described in the PSI handbook are subject to change, I acknowledge that revisions to the handbook may occur, and all such revisions will apply to my employment. All changes will be communicated through official written notices, and I understand that revised information may modify or eliminate existing policies described in this handbook if particular circumstances require it. Only PSI may adopt revisions to the policies in this handbook.

I have entered into my employment relationship with PSI voluntarily and acknowledge that there is no employment contract or guarantee of a specified length of employment. Accordingly, either PSI or I can terminate the relationship at will, with or without cause, at any time. Furthermore, nothing in the handbook or in any other communication, either written or oral, made at the time of hire or during the course of employment by a representative of PSI shall create or is intended in any way to create a contract of employment either expressed or implied. Only the president of PSI has the authority to enter into an agreement with anyone for any reason other than one for At-Will employment. Any such agreement must be in writing and signed by the president.

I have received, read, and understand the Employee Handbook. I further understand that it is my responsibility to comply with the policies contained in this handbook and any revision made to it.

DATE _____ **SIGNATURE** _____

As the potential for serious injury or death is present in many aspects of the jobs we provide, it is imperative that employees be free of substances of abuse during working hours. For this reason applicants for employment with PSI are required to submit to a Urine Screen for substances of abuse as a condition of employment.

The Company reserves the right, at its sole discretion, to test employees on a random, periodic, or blanket testing basis. At its sole discretion, PSI may test employees who provide reasonable suspicion that the employee is impaired by drugs or intoxicants. A drug test requested or administered by a client company or its agent, or an admission of consumption of drugs or intoxicating substances to a client company or its agent, will be considered as a drug test requested or administered by PSI or its agent, or as an admission of consumption of drugs or intoxicating substances to PSI or its agent. If an employee feels his/her results are inaccurate, at his/her own expense the employee may be retested immediately.

The results will be reported only to individuals designated by the company, and will be held in the strictest of confidence by all personnel who have access to the information. This information may be shared between the client representative and a PSI representative. The information gained from the testing will be used in the overall evaluation of the fitness of the applicant for the position for which they are applying.

If an employee tests positive (Opiates 300+ ng/ml, Amphet/Metham 300+ ng/ml, Phencyclidine 25+ ng/ml, Cocaine 300+ ng/ml, Cannabinoids 15+ ng/ml, Barbiturate 200+ ng/ml, alcohol any), or fails to pass a test for substances of abuse, or admits to consuming substances of abuse, he will be subject to immediate discharge. In the event of discharge the individual may apply for employment after 90 days.

Possession, use of alcohol or illicit substances, or possession of drug paraphernalia on any work site, client premises, or in client vehicles is strictly prohibited. Violation of this rule will result in dismissal of the employee from the contractor's work-site and will subject the employee to discipline up to and including discharge.

When appropriate PSI may, at its sole discretion, grant a leave of absence for the purpose of treatment and rehabilitation to an employee who makes his alcohol or drug addiction known to the company.

I have read and understand the PERSONNEL POLICY which outlines and explains the procedures and terms of the URINE SCREEN FOR SUBSTANCES OF ABUSE and agree to abide by the policy.

DATE _____

SIGNATURE _____

I hereby authorize PSI and the licensed laboratory selected by PSI to perform a Urinalysis on a urine specimen provided by me to test for drug use. I also give my permission to this laboratory to release the results of this drug test(s) to PSI or its agents. I understand that PSI will treat the information confidentially and may in its sole judgment utilize the report on the results of this drug test(s) to determine my suitability for employment. Additionally, I understand and agree that if the test results indicate apparent drug use, PSI may reject my application for employment, and that if I am employed, my employment may be promptly terminated.

DATE _____

SIGNATURE _____

These company policy statements are provided as standards and guidelines for the employer and the employee but are not considered as an employment contract between the parties. It is recognized that both the employer and the employee have reserved the right to terminate the employment relationship. Additionally, the employer reserves the right to delete, modify or expand the company policies in and beyond those expressed.

I have read the above policy statements through completely. I understand all the rules and regulations stated therein and agree to abide by the rules and the spirit of employment while employed by PSI.

DATE _____ **SIGNATURE** _____

I understand that PSI may provide their clients with copies of my personnel file and other information surrounding my employment history at PSI.

DATE _____ **SIGNATURE** _____

Influencing Attitudes for Safety

Do Attitudes Matter?

Attitudes have a great deal to do with how staff members perform their daily tasks. Some types of attitudes are conducive to safety and some types lead toward accidents and injury.

Attitudes- The Bad Ones:

- i Safety is a matter of chance- I will get hurt when my number comes up.
- i It is necessary to take chances to get my job done.
- i If I know what I'm doing, I can take risks and get away with it.
- i This organization does not really care about safety.
- i My coworkers will not respect me if I am always being careful.

Attitudes- The Good Ones:

- i Accidents have causes- they can be prevented.
- i Accidents interfere with production- safe work is efficient work.
- i The organization is truly interested in safety and so are the people who work here.
- i My coworkers will respect me if I show good judgment and work safely.
- i Working safely is a mark of skill. We are proud of our safety record.

There are many other attitudes for safety. If we accept and express positive attitudes for safety those around us will do the same and safety will become a part of our daily conversation.

Create a Culture of Safety:

Attitudes grow and, like anything that grows, they flourish best in favorable environments. If we create a good environment for safety and working for safety, everyone will be influenced by what they see.

New Staff are strongly influenced by the behavior of the veteran workers and supervisors. Be sure they are given the correct direction right from the start.

Attitudes for safety will grow if people take part in discussions about how accidents can be prevented.





At Mid Oregon Personnel, we believe that accidents are caused- they don't just happen. Therefore to avoid the cause, one must first identify the cause.

Please list six ways that people can or have been injured in places where you have worked:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Please list six ways to effectively accomplish your job requirements while avoiding the injury exposures you have listed above:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____



Intern: All short lines need to be initialed, including the line at the bottom of the "Injury Reporting Policy." The employee needs to sign on the bottom left and COIC/YCC on the bottom right.

Safety Orientation Checklist for New Employees

Safety Mission Statement

Mid Oregon Personnel Services has a strong commitment to ensuring the personal safety of all of its employees. At Mid Oregon Personnel we believe safety begins with you, the individual employee. If you assume primary responsibility for your own safety, you will not be injured. This attitude is pivotal to the success of any safety program in any company to which you are assigned.

____ Injury Reporting Policy:

Worker has been told to notify his/her supervisor immediately after receiving any injury that breaks the skin or causes serious pain. Injuries causing less pain are still to be reported if the pain is still present at the start of the next shift. In both cases the worker will contact Mid Oregon Personnel as well. Employee agrees to notify Mid Oregon Personnel before seeking medical attention for any work related injury unless it is a medical emergency. **Failure to notify Mid Oregon Personnel before seeking medical attention for any work related injury, unless it is a medical emergency, will result in termination.** _____

*****DONT FORGET THIS LINE - PLEASE INITIAL

____ General Safety Rules:

Worker has received, read, understands, and agrees to follow the policies of the Rules of Conduct and company Handbook including the general safety rules.

____ Energy Control (Lockout/Tagout):

No employee is authorized to work on any equipment without specific training about that piece of equipment. This training must include instruction about de-energizing the machine and isolating it from its power source.

____ Chemical Hazards:

The Host employer will have a list of any hazardous chemicals. There will be a Material Safety Data Sheet for each chemical. The MSDS identifies the chemical, the specific hazard, and what to do if exposed to the chemical. Worker must ask about such chemicals and get instruction about how to read those specific MSD sheets.

Various Hazards: ____ **Hearing Conservation.** Basically if you have to raise your voice to communicate, you need hearing protection. Ask your supervisor. ____ **Fall Protection.** If your feet are more than four feet off the ground, you need fall protection. This protection will generally be job specific. Ask your supervisor. ____ **Personal Protective Equipment.** This will vary from job to job. Ask your supervisor what is required. ____ **Generic Hazards.** Think in terms of what job you are sending the employee to. E.g. in a mill, rings, bracelets, long hair and baggy clothes are dangerous. Is there need for specific footwear, etc.

Employee Date

Trainer Date



The Culture of MidOregon Personnel

At Mid Oregon Personnel, we care about the safety, health and well being of our employees. We value the contributions our employees make toward our success. We support the communities in which we operate, and we value honesty, integrity, and teamwork.

We Value Our Employees

Our business operates with a goal of zero damage to people, property and product. It is our policy to provide safe working conditions. At Mid Oregon Personnel, everyone shares equally in the responsibility of identifying hazards, following safety rules and operating practices. All jobs and tasks must be performed in a safe manner, as safety is crucial to the quality of our services.

Safety Policy

At Mid Oregon Personnel, no phase of the operation is considered more important than accident prevention. It is our policy to provide and maintain safe working conditions and to follow operating practices that will safeguard all employees. No job will be considered properly completed unless it is performed in a safe manner.

Mid Oregon Personnel is concerned about the health and good work habits of its employees. In the event you are injured or unable to perform your job, we want to help you obtain the best treatment, so you can return to your regular job as soon as possible.

Zero Tolerance, Substance of Abuse Free Workplace

The company has a vital interest in maintaining a safe, healthy and efficient workplace for the benefit of its employees, clients and the public. The use of performance impairing drugs can cause avoidable injuries to employees, damage to property and productivity losses. In our efforts to provide a safe workplace, we have a substance abuse policy. Reporting to work under the influence of any intoxicant, legal or otherwise, is prohibited. The use, possession, transfer or sale of illegal substances, alcohol, or any other substances which impair job performance or pose a hazard to the safety and welfare of the employee, the public, or other employees is strictly prohibited and may result in immediate disciplinary action up to and including termination.

Return to Work

If an employee is injured on the job, our goal is to assist in obtaining medical treatment and return the employee to work as soon as possible. Our employees also have responsibilities for notifying us of their condition and providing appropriate information to assist in the Return to Work process. Through this joint effort, recoveries are faster and employees return to productive work environments sooner.

I have read Mid Oregon Personnel's Company Culture statement and understand the commitment to the safety and health of employees and customers/clients.

Print name

Signature

Date

2024 Form OR-W-4

Page 1 of 1, 150-101-402
(Rev. 08-18-23, ver. 01)

Oregon Department of Revenue



Office use only

Oregon Withholding Statement and Exemption Certificate

First name	Initial	Last name	Social Security number (SSN)	<input type="checkbox"/> Redetermination	
Address			City	State	ZIP code

Note: Your eligibility to claim a certain number of allowances or an exemption from withholding may be subject to review by the Oregon Department of Revenue. Your employer may be required to send a copy of this form to the department for review.

- Select one:** Single Married Married, but withhold at the higher single rate.
Note: Select "Single" if you're married but legally separated or your spouse is a non-U.S. citizen without permanent resident status.
- Allowances.** Total number of allowances you're claiming on line **A4, B15, or C5.**
See worksheets in the instructions. If you skip the worksheets and aren't exempt, **enter 0**..... 2.
- Additional amount,** if any, you want withheld from each paycheck..... 3.
- Exemption from withholding.** I certify my wages are exempt from withholding and I meet the conditions for exemption as stated on page 2 of the instructions. Complete **both** lines below:
 - Enter your exemption code. (See instructions) 4a.
 - Write "Exempt" 4b.

Sign here. Under penalty of false swearing, I declare the information provided is true, correct, and complete.

Employee signature (This form isn't valid unless signed.)	Date
---	------

Employer use only.

Employer name Mid Oregon Personnel	Federal employer identification number (FEIN) 93-0903486		
Employer address 187 NW Second Street	City Prineville	State OR	ZIP code 97754

– Submit this form to your employer –

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.

2024

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 surviving spouse <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, and when to use the estimator at www.irs.gov/W4App.

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). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **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 generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

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 Dependent and Other Credits	If your total 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 for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3	\$ Write number here
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.)		_____ Date

Employers Only	Employer's name and address Mid Oregon Personnel 187 NW Second Street Prineville OR 97754	First date of employment	Employer identification number (EIN) 93-0903486
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Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

Employee fills out Section 1 and sign/date.

USCIS
Form I-9

OMB No.1615-0047
Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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 (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number
<p>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</p>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)						
If you check Item Number 4. , enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee SIGN HERE				Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1	EMPLOYER ONLY		EMPLOYER ONLY		EMPLOYER ONLY
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	Additional Information				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

Check here if you used an alternative procedure authorized by DHS to examine documents.

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.

First Day of Employment (mm/dd/yyyy):

Last Name, First Name and Title of Employer or Authorized Representative EMPLOYER ONLY		Signature of Employer or Authorized Representative EMPLOYER ONLY		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code		

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

