



AN EQUAL OPPORTUNITY EMPLOYER

STATE & FEDERAL LAW PROHIBITS DISCRIMINATION BASED ON AGE, SEX OR NATIONAL ORIGIN

07/20/09

NAME: (LAST, FIRST MIDDLE)	SOCIAL SECURITY NUMBER	TODAY'S DATE
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STREET ADDRESS	APT.	CITY	STATE	ZIP CODE
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HOME PHONE NUMBER	ALTERNATE PHONE NUMBER	IN CASE OF EMERGENCY, NOTIFY:	PHONE NUMBER
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HOW DID YOU HEAR ABOUT US? <input type="checkbox"/> WALK-IN <input type="checkbox"/> STRICTLY JOBS <input type="checkbox"/> EMPLOYMENT GUIDE <input type="checkbox"/> FRIEND <input type="checkbox"/> EL NACIONAL <input type="checkbox"/> SUNDAY NEWSPAPER <input type="checkbox"/> CLIENT COMPANY <input type="checkbox"/> JOB FAIR <input type="checkbox"/> OTHER _____	MINIMUM PAY RATE PER HOUR \$ _____ /HR
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DAYS AVAILABLE TO WORK FULL TIME <input type="checkbox"/> MONDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> SATURDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> SUNDAY <input type="checkbox"/> THURSDAY	SHIFTS AVAILABLE TO WORK FULL TIME <input type="checkbox"/> 1ST SHIFT <input type="checkbox"/> 2ND SHIFT <input type="checkbox"/> 3RD SHIFT	DO YOU HAVE A DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO DO YOU HAVE YOUR OWN TRANSPORTATION? <input type="checkbox"/> YES <input type="checkbox"/> NO DO YOU RIDE A BUS? <input type="checkbox"/> YES <input type="checkbox"/> NO WOULD YOU BE WILLING TO TRAVEL? <input type="checkbox"/> YES <input type="checkbox"/> NO
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CHECK ONLY WHAT YOU ARE AVAILABLE TO WORK

FULL-TIME
 PART-TIME
 OVERTIME
 SHORT-TERM TEMPORARY
 SAME DAY ASSIGNMENTS

PREVIOUS EMPLOYMENT
LIST YOUR LAST THREE YEARS OF EMPLOYMENT AND BEGIN WITH YOUR MOST RECENT POSITION

DATES EMPLOYED	COMPANY NAME & PHONE NUMBER	PAY PER HOUR & SUPERVISOR	POSITION & REASON FOR LEAVING	WAS THIS JOB THROUGH A TEMP SERVICE?
FROM	NAME	\$ _____ /HR	JOB TITLE	<input type="checkbox"/> YES <input type="checkbox"/> NO
TO	PHONE	SUPERVISOR	REASON	SERVICE NAME
FROM	NAME	\$ _____ /HR	JOB TITLE	<input type="checkbox"/> YES <input type="checkbox"/> NO
TO	PHONE	SUPERVISOR	REASON	SERVICE NAME
FROM	NAME	\$ _____ /HR	JOB TITLE	<input type="checkbox"/> YES <input type="checkbox"/> NO
TO	PHONE	SUPERVISOR	REASON	SERVICE NAME
FROM	NAME	\$ _____ /HR	JOB TITLE	<input type="checkbox"/> YES <input type="checkbox"/> NO
TO	PHONE	SUPERVISOR	REASON FOR LEAVING	SERVICE NAME

IF CURRENTLY EMPLOYED, MAY WE CONTACT YOUR CURRENT EMPLOYER? YES NO

CHECK ONLY SKILLS WHERE YOU HAVE SIX MONTHS WORK EXPERIENCE

CONSTRUCTION

- TRIM CARPENTRY
- CARPENTRY HELPER
- CABINETS
- READ TAPE MEASURE
- CONSTRUCTION CLEAN-UP
- CEMENT FINISHING
- DRYWALL
- MASONRY
- PAINTING-COMMERCIAL
- PAINTING-RESIDENTIAL
- FRAMER
- CONCRETE FORMING

WELDING

- MIG WELDER
- TIG WELDER
- ARC WELDER
- ALUMINUM WELDER
- SPOT WELDER
- CERTIFIED CODE WELDER
- BLUEPRINT READING

WAREHOUSE

- FORKLIFT CERTIFIED
- FORKLIFT EXPERIENCE
- PALLET JACK
- ORDER PULLER
- SHIPPING/RECEIVING
- INVENTORY CONTROL
- LOADING/UNLOADING
- PACKING
- STOCKING

MACHINE OPERATIONS

- CNC OPERATOR
- CNC PROGRAMMER
- DRILL PRESS
- GRINDER
- BUFFER
- INJECTION MOLDING
- PRESS OPERATOR
- SAW OPERATOR
- LATHE OPERATOR
- MANUAL MACHINIST
- MACHINE MAINTENANCE

MANUFACTURING

- ASSEMBLY
- QUALITY ASSURANCE
- INDUSTRIAL SEWING
- QUALITY CONTROL
- BINDERY
- STEEL FABRICATION
- INSPECTION
- PRODUCTION LINE

DRIVING

- CDL - CLASS A/B
- DELIVERY DRIVER
- CURRENT DOT PHYSICAL

EQUIPMENT

- STEEL TOED BOOTS
- TAPE MEASURE
- SAFETY GLASSES
- BASIC HAND TOOLS
- WELDING HOOD
- HARD HAT
- WORK GLOVES

HEAVY EQUIPMENT

- CRANE OPERATOR
- BACKHOE OPERATOR
- BULLDOZER OPERATOR

SERVICE

- BANQUET WORK
- CASHIER
- COOK
- DISHWASHER
- DAYCARE/BABYSITTING
- HOUSEKEEPING
- WAIT STAFF
- SECURITY
- RETAIL SALES
- INDUSTRIAL LAUNDRY

MISCELLANEOUS

- PRINT SHOP
- MARBLE SHOP
- ELECTRICIAN
- PLUMBER
- OTHER _____

COMPUTER SKILLS

- MS WINDOWS
- MS WORD
- MS EXCEL
- MS ACCESS
- MS PUBLISHER
- WORDPERFECT
- QUICKBOOKS
- QUATRO PRO
- PAGEMAKER
- POWER POINT

GENERAL CLERICAL

- FILING
- MAILROOM
- ACCOUNTS PAYABLE
- ACCOUNTS RECEIVABLE
- 10-KEY BY TOUCH
- PHONE LINES: _____
- TYPING: wpm _____
- DATA ENTRY: ksph _____
- FOREIGN LANG. _____
- OTHER _____

HAVE YOU EVER BEEN CONVICTED OF ANY FELONIES / MISDEMEANORS?

CONVICTIONS WILL NOT ABSOLUTELY PROHIBIT, BUT WILL ONLY BE CONSIDERED IN RELATION TO SPECIFIC JOB REQUIREMENTS.

- YES NO

If yes, please list all:

OFFENSE(S)	DATE(S)	STATE & COUNTY	CURRENT DISPOSITION(S)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CHECK ONLY WHAT APPLIES TO YOU:

- HIGH SCHOOL-CIRCLE GRADE COMPLETED 9 10 11 12
- GED
- BUSINESS OR TRADE SCHOOL-DEGREE _____
- COLLEGE-DEGREE _____

In order to help 365 Worx place you in the correct position, please give us an idea of what you would like 365 Worx to do for you by listing your ideas and career goals below.

Form W-4 (2011)

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. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2011 expires February 16, 2012. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using

Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

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

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u> </u>
B	Enter "1" if: { <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	B	<u> </u>
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	<u> </u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	<u> </u>
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children 	G	<u> </u>
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H	<u> </u>
	For accuracy, complete all worksheets that apply. { <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. }		

----- Cut here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are 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.</p>	OMB No. 1545-2159 2011
1 Type or print 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, but legally separated, or spouse is a nonresident alien, check the "Single" box.
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 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5 <u> </u>	
6 Additional amount, if any, you want withheld from each paycheck	6 \$ <u> </u>	
7 I claim exemption from withholding for 2011, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 <u> </u>
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 lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)
		10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2011 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$11,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,500 \text{ if head of household} \\ \$5,800 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter “-0-”	3	\$ _____
4	Enter an estimate of your 2011 adjustments to income and any additional standard deduction (see Pub. 919)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2011 Form W-4 Worksheet</i> in Pub. 919.)	5	\$ _____
6	Enter an estimate of your 2011 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter “-0-”	7	\$ _____
8	Divide the amount on line 7 by \$3,700 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet (See Two earners or multiple jobs on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3”	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____
Note. If line 1 is less than line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2011. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2010. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$5,000 -	0	\$0 - \$8,000 -	0	\$0 - \$65,000	\$560	\$0 - \$35,000	\$560
5,001 - 12,000 -	1	8,001 - 15,000 -	1	65,001 - 125,000	930	35,001 - 90,000	930
12,001 - 22,000 -	2	15,001 - 25,000 -	2	125,001 - 185,000	1,040	90,001 - 165,000	1,040
22,001 - 25,000 -	3	25,001 - 30,000 -	3	185,001 - 335,000	1,220	165,001 - 370,000	1,220
25,001 - 30,000 -	4	30,001 - 40,000 -	4	335,001 and over	1,300	370,001 and over	1,300
30,001 - 40,000 -	5	40,001 - 50,000 -	5				
40,001 - 48,000 -	6	50,001 - 65,000 -	6				
48,001 - 55,000 -	7	65,001 - 80,000 -	7				
55,001 - 65,000 -	8	80,001 - 95,000 -	8				
65,001 - 72,000 -	9	95,001 -120,000 -	9				
72,001 - 85,000 -	10	120,001 and over	10				
85,001 - 97,000 -	11						
97,001 -110,000 -	12						
110,001 -120,000 -	13						
120,001 -135,000 -	14						
135,001 and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification *(To be completed and signed by employee at the time employment begins.)*

Print Name: Last	First	Middle Initial	Maiden Name
Address <i>(Street Name and Number)</i>		Apt. #	Date of Birth <i>(month/day/year)</i>
City	State	Zip Code	Social Security #

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):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature	Date <i>(month/day/year)</i>
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Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.*

Preparer's/Translator's Signature	Print Name
Address <i>(Street Name and Number, City, State, Zip Code)</i>	
Date <i>(month/day/year)</i>	

Section 2. Employer Review and Verification *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date <i>(if any)</i> : _____		_____		_____
Document #: _____		_____		_____
Expiration Date <i>(if any)</i> : _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address <i>(Street Name and Number, City, State, Zip Code)</i>		Date <i>(month/day/year)</i>

Section 3. Updating and Reverification *(To be completed and signed by employer.)*

A. New Name <i>(if applicable)</i>	B. Date of Rehire <i>(month/day/year)</i> <i>(if applicable)</i>
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____	Document #: _____	Expiration Date <i>(if any)</i> : _____
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date <i>(month/day/year)</i>
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RELEASE AUTHORIZATION – PLEASE READ BEFORE SIGNING!

I declare that the information provided by me in this application is correct in all respects, and I agree that if the information given is found to be false in any manner, it shall be considered adequate reason for denial of employment or termination. I authorize the use of any information to verify my statements, previous employment, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous education. I release all such persons from any liability or damages on account of having supplied such information. I consent to such investigations as **365WORX** may make regarding driving records, criminal records, credit reports and my overall general background that may be found accessing public records. I further understand that all applicable portions of this application must be completed or I will be disqualified for consideration for the position for which I am applying.

I understand that nothing enclosed in this application or in the interview process for a position of employment is intended to create an employment contract between **365WORX** and myself for either employment or benefits. No promises or guarantees regarding employment have been made to me. I understand that no promise or guarantee of employment for any specific length of time or under any specified conditions shall be required of **365WORX**. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and for any reason and that **365WORX** retains that same right. I also am confirming that **365WORX** has provided me a brochure that describes policies, procedures, job safety, and workplace guidelines by which I must abide in order to be considered for employment and follow if employed by **365WORX**.

I understand that, depending on the position applied for, prior to being offered employment with **365WORX**. I may be requested to take an assessment pertaining to skills or equipment operation. In the event I have a disability, which will affect my ability to take the test, I will so inform **365WORX** prior to the administration of the test so that a reasonable accommodation can be made. Requested accommodations may include accessible testing sites, modified testing conditions, and accessible testing formats. **365WORX** reserves the right to require medical documentation concerning the need for the accommodation.

I understand that, if offered a position of employment, **365WORX** may require me to pass a medical exam prior starting of work and as a condition of employment. I also understand that drug and/or alcohol tests are a condition of employment and that the refusal to submit to such tests when asked by **365WORX** shall be considered sufficient reason for denial of employment or termination.

I understand that if employed, the policies that are issued by **365WORX** are not conditions of employment and that **365WORX** may revise policies or procedures, in whole or in part, at any time.

IF YOU DISAGREE WITH OR DO NOT UNDERSTAND ANY OF THE ABOVE, PLEASE DISCUSS WITH A 365WORX REPRESENTATIVE.

Applicant Signature: _____

Date: _____