

USC Labor Solutions, Inc.

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I..

Address: _____
Mailing and/or Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Date Available: _____ Social Security No.: _____ Date Available: _____

Emergency Contact Name, Phone & Relationship: #1 _____

Emergency Contact Name, Phone & Relationship: #2 _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Many of the Client Companies we work for require a pre-hire background and drug screen, do you agree to these requests? YES NO

Education

Please circle the highest grade completed: 7 8 9 10 11 12 13 14 15 16+

Did you either graduate from high school or receive a GED? Yes No

References

Please list two professional references:

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Special Job Interests

Please give us an idea of previous job descriptions, jobs you're interested in doing, certificates you may have, or job-related skills.

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes No

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes No

Direct Deposit/Check Retrieval

If you'd like a direct deposit instead of a paper check, please attach a voided copy of your personal check or a direct deposit letter from your bank to assure USC Labor Solutions has your correct routing and account number. Your voided check or bank letter must have your full name on it; we cannot take temporary checks. Only those with a valid bank account may take advantage of direct deposit; we cannot direct deposit to a prepaid/loadable card of any kind. **For security purposes, if you would like someone other than yourself to pick up your check, USC Labor Solutions requires a signed permission slip from you. Please provide their full name and let them know they will need to have a valid ID when picking up your check.*

I hereby authorize USC Labor Solutions (the depositor) to initiate a direct deposit for payroll and/or bonus checks (and, if necessary, adjustments to any deposits made in error to my account). I further authorize the depositor to credit and/or debit the same to such account. This authority is to remain in full force and effect until the depository or USC Labor Solutions has received written notification in such a time and manner as to afford USC Labor Solutions and the depository a reasonable opportunity to act. Any changes to your account must be accompanied by this form and signed prior to change.

Signature: _____ Date: _____

Certification, Release, Policies

I certify and declare under penalty of perjury under relevant state and federal law that the information contained in my employment application is complete, true, and accurate. I acknowledge that falsification or omission of information may result in immediate dismissal or retraction of any offer of employment. I authorize the Company and/or its agents, including consumer reporting bureaus, to verify any of this information as well as exchange information regarding pre-employment/background/drug or alcohol testing with USC Labor Solution's Clients. I release all former employers, persons, schools, companies, and law enforcement authorities from an liability for an damage whatsoever for issuing this information.

As an employee of USC Labor Solutions, you agree that you will inform any Client who offers you employment that they must contact the Company to hire you for permanent employment.

You understand that the Company is solely responsible for your wages, for the payment of employer taxes, workers compensation, and for withholding all your taxes. Clients are not responsible for these payments and you are not entitled to any benefits offered by our Clients to their respective employees. You hereby waive any right to such benefits and promise to not make any claim to such benefits.

You agree that USC Labor Solutions can terminate the employment relationship at any time for any/no reason without prior notice. No temporary position is guaranteed to last for any specific period. No promise made by a Company employee can alter your status or create any other form of employment relationship. This can only be done by written documentation signed by an executive of the Company. You understand there is no guarantee of placement once interviewed by the Client Company.

Any confidential information you may learn as to the Client or this Company while employed by us or assigned to a Client will not be disclosed to any person and will not be used for any purpose other than the specific purpose of authorized by your assignment.

This Company is an equal opportunity employer. Our policy prohibits discrimination due to sex, race, color, national origin, religion, age, disability, union membership, or any other status protected by law. Our company policy also prohibits sexual harassment and has zero tolerance for actual or threatened violence towards employees, customers, clients, or any other persons who are present on a Client's property or have contact with employees while working. You should contact your supervisor immediately if you feel you have been discriminated against or sexually/violently harassed. If you need any reasonable accommodations due to your assignment, you must inform your supervisor.

Your employment period with USC Labor Solutions starts when USC Labor Solutions places you on assignment with Client Companies. When placed on an assignment with a Client Company by USC Labor Solutions, you would not be able to accept employment with Client Company without written authorization from USC. It is agreed and understood that you are required to remain on USC Labor Solutions' payroll for the period of 720 hours. By signing, you also agree to release background and drug screen test results to requesting client companies.

Health Insurance: Company makes health insurance available to eligible employees and their family members. Employees will contribute 100% to the cost of the premiums for themselves and their family members.

I understand and accept the above policies per my signature below.

Signature: _____ Date: _____

USC Witness: _____ Date: _____

Are there any reasons why you are unable to perform the tasks required by the position you are assigned to?

If NO reasons, please initial box:

If YES, please explain below:

USC Labor Solutions Policy and Testing Consent

USC Labor Solutions is a drug-free workplace. The purpose of this policy is to ensure the safety of all employees and to promote productivity. This policy applies to all employees and temporary workers. Substances covered under this include any and all alcohol, illegal drugs (any substance illegal to use, possess, sell, or transfer), inhalants, prescription (any substance prescribed for an individual by a licensed health care provider) and over-the-counter drugs. It also includes any "drug paraphernalia" (i.e., any items used or intended for the use in making, packaging, concealing, injecting, inhaling, or consuming illegal drugs/inhalants). You may not use, possess, sell, buy, transfer, or be under the influence of any such illegal substances or paraphernalia listed herein at any time. Prescription and/or over-the-counter drugs may be taken on the job if: 1) a licensed health care provider prescribed it for you in the last year; 2) they do not affect your ability to work safely; 3) you follow directions, including dosage limits and usage cautions; 4) you keep the drugs in their original containers. The Company may consult with a doctor to determine if a prescription or over-the-counter drug may create a risk while using it on the job. The Company may change your work duties or restrict you from working while you are using a prescription drug or over-the-counter medication that creates such a risk, including but not limited to, not using machinery or vehicles.

You are "under the influence" if any substance: 1) impairs your behavior or ability to work safely and productively; 2) results in a physical or mental condition that creates a risk to your own safety, the safety of others, the safety of the Company, or Client property; 3) is shown to be present in your body, by laboratory evidence, in more than an identifiable trace.

These rules apply while you are on Company or Client premises and while you conduct company business.

We reserve the right to conduct alcohol and drug tests at any time. Testing may include urine, blood, or breathalyzer tests. Before testing, you have the chance to explain the use of any drugs. Tests will remain confidential. We may terminate your employment if you violate this policy, refuse to be tested, or provide false information.

I have read the drug and alcohol abuse policy and agree to follow said policy per my signature below.

Signature: _____ Date: _____

USC Witness: _____ Date: _____

Absence and Injury Procedures

If you are going to be absent:

- ✓ Contact your supervisor as soon as you know you will be absent. Do not leave a voicemail.
- ✓ Obtain your supervisor's home phone number or cell phone number as soon as your position starts.
- ✓ If you can't reach your supervisor, please call USC at **970-874-3549**.

If there is an injury:

- ✓ No matter how minor your injury is, you must report it to your supervisor.*
- ✓ You must also notify USC Ent. at **970-874-3549** or on-call/emergencies at **970-216-3258**.
- ✓ An Injury and/or Accident Report must be completed at the work site on the date of the injury. If the injury is major, the Injury and/or Accident report is to be filled out within 4 working days.
- ✓ An Injury and/or Accident Report must be completed at USC Ent. on the date of the injury. If the injury is major, the Injury and/or Accident Report is to be filled out as soon as possible.

* You agree that when injured on the job you will notify the Company as soon as possible by phone or personal contact. At that time, you will report to a predetermined medical facility where you will submit to a drug and alcohol test. It is understood that you will not self-administer drugs or alcohol between the time of injury and your testing. Any failure to comply with these conditions will give cause to contest any claim made by you for your worker's compensation or medical claim and that your claim may be denied and employment terminated.

I have read the drug and alcohol abuse policy and agree to follow said policy per my signature below.

Signature: _____ Date: _____

USC Witness: _____ Date: _____

General Safety Rules

These general safety rules are designed to provide you with knowledge of the recognized and established safe practices and procedures that apply to many of the work situations you may encounter while employed at this organization. It would be impossible to cover every work situation. If you are in doubt about the safety of any condition, practice, or procedure, consult your supervisor for guidelines.

- 1. ACCIDENT REPORTING:** Report all accidents or near misses to your supervisor before the end of your shift. Falsification of company records, including employment applications, time records, or safety documentation will not be tolerated.
- 2. HAZARD REPORTING:** Employees are responsible for notifying a supervisor immediately of any unsafe condition and/or practice.
- 3. ALCOHOL OR ILLEGAL DRUGS:** No illegal drugs or alcohol will be allowed on the worksite. Employees will notify their supervisor of any prescription drugs that might affect their judgment.
- 4. SEAT BELTS:** All employees who drive or ride in company vehicles or are on company business and drive their own vehicles must wear seat belts.
- 5. HORSEPLAY:** Wrestling, running, pushing, throwing any object in play, or other disorderly conduct is forbidden while on the job.
- 6. MACHINERY:** Report broken or malfunctioning equipment to your supervisor immediately. Only trained, authorized employees are permitted to service or repair equipment, and then only after deactivating all energy sources and locking out equipment. Only authorized machinery with all required guards will be used. If you are not familiar with the safety operation of a piece of machinery, ask your supervisor for instruction.
- 7. HAZARDOUS MATERIALS:** Follow proper use and handling procedures for all hazardous materials. Do not use a chemical if you are not familiar with the hazardous properties or have not received and been trained on the required protective equipment.
- 8. HOUSEKEEPING:** All employees are required to keep their work area clear of debris or other tripping or slipping hazards. All debris must be disposed of properly in designated areas.
- 9. PERSONAL PROTECTIVE EQUIPMENT:** Employees must practice proper use, care, and storage of personal protective equipment (aka PPE).
- 10. SIGNS/LABELS:** Pay attention to all signs and labels. They are present as reminders for safety.
- 11. DRINKING WATER:** Always drink from regular water fountains or approved water coolers. Water from any other source may be unsafe to drink.
- 12. HYGIENE:** It is each employee's responsibility to maintain personal hygiene, particularly when working with hazardous chemicals. Eat or smoke only in designated areas and always wash your hands before eating/smoking.
- 13. CONCENTRATE:** Most accidents can be avoided by concentrating on the job to be done. Always be aware of your surroundings and what is going on around you. Safety is a full-time job.

Employee Signature: _____ Date: _____

USC Labor Solutions

>> New Employee Designated Provider Notification Letter

To: All Employees

From: USC Staff

Date:

Subject: Designated Medical Providers for Work-Related Injuries and Illnesses

All employees must obtain treatment of work-related injuries and illnesses from one of the following medical providers:

DCMH Family Medicine - (970) 874-5777

70 Stafford Ln
Delta, CO 81416

Cedaredge Doctor's Office - (970) 856-4111

255 S Grand Mesa Rd
Cedaredge, CO 81413

DCMH West Elk Clinic - (970) 872-1400

230 E Hotchkiss Ave
Hotchkiss, CO 81419

Peak Family Medicine - (970) 497-4921

1550 E Niagara Rd
Montrose, CO 81401

St. Mary's Occupational Medicine - (970) 298-2001

2686 Patterson Rd
Grand Junction, CO 81506

Work Partners - (970) 241-5585

2646 Patterson Rd
Grand Junction, CO 81506

Concentra Medical Centers CO Central Park - (303) 371-7444

5855 E 45th Ave, Ste A-130
Denver, CO 80216

In the event of a life- or limb-threatening emergency, the injured employee will be sent to the nearest emergency medical facility. One of the medical providers designated above must provide all follow-up care.

If an unauthorized medical provider treats an employee, the employee will be responsible for payment for said treatment.

I have read and am fully aware of the organization's policy regarding medical treatment for work-related injuries and illnesses. I further understand that I must immediately report any work-related injury to my supervisor.

All employees must sign below, acknowledging this policy.

Employee's Name

Employee's Signature

Date

Employee's Withholding Certificate

Department of the Treasury
Internal Revenue Service

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: 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.

Multiple Jobs or Spouse Works 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 \$ _____
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	First date of employment	Employer identification number (EIN)
	USC Labor Solutions, Inc. 1402 S Main St; Delta, CO 81416		45-5113646



Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

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				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					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	<p>Additional Information</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)	<p><input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

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.

Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative		First Day of Employment (mm/dd/yyyy):
Employer's Business or Organization Name USC Labor Solutions, Inc.		Employer's Business or Organization Address, City or Town, State, ZIP Code 1402 S Main St; Delta, CO 81416		

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