

EMPLOYMENT POLICY AND PROCEDURE INDEX

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[Company]

Employment Application

[Company] is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religion, marital status, sexual orientation, political belief or disability.

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity within three (3) days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Personal Data

First Name	Middle	Last	
Street Address	City	State	Zip Code
Home Telephone Number	Social Security Number	Today's Date	

Daytime Telephone Number at which we may contact you

Are you 18 years of age or older? Yes _____ No _____

Have you ever been convicted of a crime? Yes _____ No _____

If "yes", please explain:

How were you referred to [Company]? Please circle the number of the most appropriate response.

AVAILABLE UPON PURCHASE

Position Preferences

For what position are you applying? _____

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Sample Forms

Client Company Name: _____

Salary desired: \$ _____ per _____ (specify hour, week or year)

Schedule desired: Full Time _____ Part Time _____ # of Hours Per Week _____

Could you work overtime? Yes _____ No _____

What date could you start work? _____

Could you travel if required by this position? Yes _____ % of Time _____ No _____

Education

High School

School Name: _____

City and State: _____

Degree or # of Years Completed: _____

Major or Subject: _____

Grade Point Average: _____

College

School Name: _____

City and State: _____

Degree or # of Years Completed: _____

Major or Subject: _____

Grade Point Average: _____

College

School Name: _____

City and State: _____

Degree or # of Years Completed: _____

Major or Subject: _____

Grade Point Average: _____

Graduate School

School Name: _____

City and State: _____

Degree or # of Years Completed: _____

Major or Subject: _____

Grade Point Average: _____

List any certificates earned or in progress, and/or any additional training programs not included in your formal education.

List any Professional Affiliations to which you belong (please do not list activities which would indicate age, sex, color, race, creed, national origin, religion, marital status, sexual orientation, political belief, or disability):

Previous Employment

List your current or most recent employment first. Include work related internships, military and volunteer work.

Current Employer: _____

City and State: _____

Telephone Number: _____

Supervisor's Name and Title: _____

Position Title: _____

Reason for Leaving: _____

Salary: _____ per Hour Week Month Year (circle one)

Dates of Employment: From: _____ To: _____

May We Contact Your Employer: Yes ___ No ___

Previous Employer: _____

City and State: _____

Telephone Number: _____

Supervisor's Name and Title: _____

Position Title: _____

Reason for Leaving: _____

Salary: _____ per Hour Week Month Year (circle one)

Dates of Employment: From: _____ To: _____

May We Contact Your Employer: Yes ___ No ___

Previous Employer: _____

City and State: _____

Telephone Number: _____

Supervisor's Name and Title: _____

Position Title: _____

Reason for Leaving: _____

Salary: _____ per Hour Week Month Year (circle one)

Dates of Employment: From: _____ To: _____

May We Contact Your Employer: Yes ___ No ___

Professional References

Name	Title	Company	Phone	Professional Relationship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Releases and Applicant's Signature

AVAILABLE UPON PURCHASE

Initials

All hiring and employment at [Company] is at will.

AVAILABLE UPON PURCHASE

Applicant's Signature

Date

Applicant Release

Keep this applicant release in secure files separate from personnel records.

Please submit a resume with this Employment Application.

[Company]

AVAILABLE UPON PURCHASE

Applicant's Signature

Date

The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose:

Please Print Clearly:

AVAILABLE UPON PURCHASE

Name	Last	First	Middle
------	------	-------	--------

Date

Position you are
applying for:

--

APPLICATION FOR EMPLOYMENT

COMPANY LOGO

NOTICE TO ALL APPLICANTS

Federal Law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity within three (3) days of being hired. Failure to submit such proof within the required time period will result in immediate termination.

Any offer of employment that may be made to you is contingent on your submission of satisfactory proof of your identity and legal authorization to work in the United States. If you fail to submit this proof, Federal Law prohibits us from hiring you.

XYZ Is An Equal Opportunity Employer.

Application For Employment (continued)
Please complete all portions of this application pertaining to you

Name Last	First	Middle	Social Security Number	-	-	Any other names you have used:	Last	First	Middle
Present Address Street	City	State	Zip	How Long at this address?	How Long Have you Been a resident of this area?				
Home Telephone	Business Telephone	Extension	Previous Address Street	City	Street	Zip			
In case of emergency, call Name	Relationship	Are you 18 years of age or older	<input type="checkbox"/> Yes <input type="checkbox"/> No	If a minor, do you have a work permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Home Address Street	City	State	Zip	Are you presently participating in a Work Study Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, which one?			
Home Telephone	Business Telephone	Extension	How did you find us? (check all that apply)	<input type="checkbox"/> Agency <input type="checkbox"/> Advertisement	<input type="checkbox"/> Walk-In <input type="checkbox"/> Relative	<input type="checkbox"/> Friend <input type="checkbox"/> Other			

Education

Type of School	Name of School	Major and Minor Courses	Did you graduate?	What degree(s) or certificate(s) were you awarded?	Letter Grade/Type or Degree
High School	Name City/State				
College(s)	Name City/State				
Graduate School	Name City/State				
Business or Technical School	Name City/State				
Correspondence or Night School	Name City/State				

High School or College Activities: List honors, professional organizations, school activities and offices held, sports activities (varsity-intramural). (Do not include military, racial, religious or nationality groups.)

Professional Licenses:

Special Skills: (Please Check)

Computer Software Machine Operation Clerical/Administration Sales Languages Training Computer/CAD Customer service Other

Where Obtained:

Vocational or Trade Training:

--

Have you filed an application with us in the past? If Yes, When? Yes No At what location?

Employment Record
List places of employment including temporary and permanent employment. *BEGIN WITH MOST RECENT OR CURRENT EMPLOYER.* List telephone numbers.

Dates	Employer	Position	Immediate Supervisor	Reason for Leaving	Salary / Rate
Starting	Name Telephone ()	Starting	Name		Starting
Ending	Address	Ending	Title		Ending

Briefly list job responsibilities -- specific accomplishments -- contributions (attach additional sheet if necessary):

Dates	Employer	Position	Immediate Supervisor	Reason for Leaving	Salary / Rate
Starting	Name Telephone ()	Starting	Name		Starting
Ending	Address	Ending	Title		Ending

Briefly list job responsibilities -- specific accomplishments -- contributions (attach additional sheet if necessary):

Dates	Employer	Position	Immediate Supervisor	Reason for Leaving	Salary / Rate
Starting	Name Telephone ()	Starting	Name		Starting
Ending	Address	Ending	Title		Ending

Briefly list job responsibilities -- specific accomplishments -- contributions (attach additional sheet if necessary):

Dates	Employer	Position	Immediate Supervisor	Reason for Leaving	Salary / Rate
Starting	Name Telephone ()	Starting	Name		Starting
Ending	Address	Ending	Title		Ending

Briefly list job responsibilities -- specific accomplishments -- contributions (attach additional sheet if necessary):

MAY WE CONTACT YOUR PRESENT EMPLOYER AT THIS TIME? Yes No

United States Military Record

Branch	From	To	Highest Rank Attained	Current Status

Type of Work or Duties:

Type of Discharge / Explain:

The essential functions of the job have been reviewed with you. Can you perform the essential functions of the job with or without an accommodation? Yes No

General

Position Applied For Salary / Rate Expected Date You Can Start Indicate days of the week or hours you would NOT be available for work:

Do you have a shift preference? NOTE: You must be willing to work all shifts.	Would you be available to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have transportation available to and from work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a car? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, give the make and year.			

List all activities, memberships and offices held since leaving school. Include hobbies and leisure-time activities as well as volunteer (do not include military, racial, religious or nationality groups):

Have you ever been convicted of a crime, other than a minor traffic violation? If Yes, list all convictions, stating dates, nature of offenses and where convicted (include military convictions):
 Yes No *A CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT.*

Have you ever been employed by XYZ ?	Location	Dates of Employment	Supervisor	Reason for Leaving
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, complete items to right:				

Do you have relatives employed by XYZ?	Name	Relationship	Location
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, complete items to right:			

Are you willing to relocate? Yes No

Personal References

Name	Occupation	Name	Occupation
Address	Telephone ()	Address	Telephone ()
City / State / Zip		City / State / Zip	

By signing this application for employment, I certify that I have read and understand all parts of it and that I have truthfully and completely answered all questions. I understand that falsification of any of the information given here or on any other employment form is ground for refusal to hire and, if hired for immediate termination, regardless of when such falsification may be discovered. I agree that XYZ ("The Company") will not be liable in any respect if my employment is terminated because of any such false statements or omissions.

I authorize the Company and its representative to investigate my education, employment experience, criminal conviction records, and all other aspects of my background relevant to my proposed employment, including all statements made by me in my application for employment. I understand the Company may contact the appropriated credit bureau to obtain an investigative consumer report providing information about my character; I understand I may request (in writing from the Human Resources Department) a complete and accurate disclosure of information concerning the nature and scope of this report. I also release the Company and its representatives, as well as any person to whom such inquiry is directed, from any liability arising directly or indirectly from any such investigations.

I understand my employment with the Company is for no definite length of time. I understand my employment may be terminated at any time, with or without cause, at the option of either the Company or myself. I understand that no employee or representative of the Company has any authority to make any agreement which is contrary to the foregoing if accepted at the time of employment or any other time thereafter, and to perform all duties assigned to me to the best of my ability.

I understand and agree that, in considering my eligibility for employment, the Company may require me to undergo written aptitude and psychological testing, including drug testing. I further understand that, if employed, the Company may, at its discretion and expense, and

as a condition of continued employment, require me to submit to the above testing as well as alcohol blood and/or breathalyzer testing. I specifically understand, and agree and consent to be tested in the above manner and hold the testing agency/agencies, "The Company Name", it's agent, directors, officers and employees harmless from any and all liability in connection with the actual testing and use of test results.

I acknowledge and permit that, from time to time, the Company may be required to submit certain information with regard to my employment or application and release the Company, its agents, assigns and organizational units, from any liability resulting from submission of such information.

I understand the Company does not promote or endorse any employment agencies and will not be held responsible for any cost associated with such services, unless prior written agreements have been made by the Company.

In the event I am employed by the Company, this employment application will constitute a full and complete statement of the terms and conditions of my employment and that no other contract of employment can be inferred to exist unless specifically agreed to in writing by the CEO of the Company, and further, that I am aware of the consequences of signing this application.

XYZ is an equal opportunity employer. All applications for employment will be considered without regard to race, color, religion, sex, national origin, disability, or age (over the age of 40). This application will remain active for 45 days. After that time, it must be renewed by me if I wish to be reconsidered for employment.

Signature _____ Date _____

Associate Staffing Request

Store/Department: _____ Position: _____ Date Needed: _____

Current Budgeted Positions: FT _____ PT _____

FULL TIME PART TIME AND TEMPORARY EMPLOYEE REQUEST

AVAILABLE UPON PURCHASE

CONTRACT EMPLOYEE REQUEST

AVAILABLE UPON PURCHASE

To begin work on: _____

Dept. Head/GM: _____ Date: _____

Exec/Dist. Mgmt. approval: _____ Date: _____

Received Human Resources: _____ Date: _____

Original To Corporate

Duplicate – retain

PRE-EMPLOYMENT SELF-IDENTIFICATION FORM

(Personal and Confidential)

NAME _____ Social Security Number _____ - _____ - _____

To enable XYZ to meet government reporting regulations, new associates must complete this form. Information will be used solely for government reporting purposes. It will be kept separate from the application, not used in employment selection and will be treated as personal and confidential.

SEX _____ Male _____ Female

ETHNIC CATEGORY (Check one)

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Do you wish to identify yourself as a handicapped individual, a disabled veteran, or a Vietnam Era Veteran and be considered under Affirmative Action Plans? Yes _____ No _____

If yes,

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Applicant Signature: _____ Date: _____

Application Acknowledgment

[Your Business]
[Street Address]
[City, State and Zip Code]

[Date]

[Applicant]
[Street Address]
[City, State and Zip Code]

Dear [Applicant]:

We recently received your correspondence indicating an interest in a position at [Your Business]. We want to thank you for taking the time to send us information about yourself, and we want to assure you that your application will be considered very carefully.

If your qualifications match our needs, you will hear from us by phone or mail to schedule an interview.

Thank you again for your interest.

Sincerely,

[Your Name]
[Your Title]
[Your Business]

Telephone Reference Check

Candidate: _____

Referenced by: _____ Date: _____ Co. contacted: _____

Address: _____ Phone: _____

Individual contacted/title: _____

Date hired: _____ Position at hire: _____ He/she listed salary at: _____

Date left: _____ Position at termination: _____ Is this correct: Y N

Were you involved in the decision to hire or promote him/her? Comments: _____

Job responsibilities: _____

How would you describe him/her?

A. Job Performance: _____

B. Quality and reliability of work: _____

MANY MORE AVAILABLE UPON PURCHASE

Signature _____ Title _____

Applicant Interview Form

Name of applicant: _____ Date: _____

General Interview Position Interview Job Title: _____

Interviewer: _____ Title: _____

Instructions: Carefully evaluate applicant's interview performance. Circle the rating to indicate the applicant's performance. Insert N/A in the circle if the rating category is not applicable. Assign points for each rating using the scale provided and write this number in the points box. Points will be totaled and averaged for an overall performance score.

5 – Outstanding: Applicant is exceptional. Is recognized as being far superior to others.

2 – Needs improvement: Applicant is Deficient or below standards required Of position.

4 – Very good: Applicant clearly exceeds Position requirements.

1 – Unsatisfactory: Applicant is generally Unacceptable.

3 – Good: Applicant is competent and Dependable. Meets standards of the position.

N/A: Not applicable.

General Factors

Rating

Supporting Details or Comments

11 GENERAL EVALUATION FACTORS AVAILABLE UPON PURCHASE

Overall rating: Total Points _____ + Number of categories rated = Overall interview rating _____

Additional Comments: _____

Applicant is:

_____ A strong candidate _____ A possible candidate _____ Possible for other position

_____ Of no further interest _____ Other _____

Alternate position for which applicant may be considered: _____

MANAGEMENT TRAINING PROGRAM

INTERVIEWING SKILLS

COURSE GUIDE AND WORKBOOK

PROGRAM OBJECTIVES

The overall objective of this program is to increase your, and therefore our, company's ability to select people who are qualified for positions with the company through interviewing and selection skills. Specifically, at the conclusion of the program you should be better able to:

Understand the overall selection process, and the integral role of the interview.

Determine critical job requirements and relate these to factual data from resume and application (i.e. screening).

Understand the different types of questions, which an interviewer can use, and the type of information each can elicit (including EEO considerations).

Understand the impact of interviewer behavior (e.g. note taking, nodding, listening, etc.).

Effectively conduct interviews in a variety of situations so that information about both critical objective and subjective job dimensions is accurately obtained.

Convey a positive image of the company, including EEO compliance.

Provide appropriate feedback to the interviewee.

Make effective selection/placement based upon job relevant information that is gathered through the interview process.

Sample Offer Letter

If your company plans to offer a potential employee stock options, perks (company car, athletic club membership and so on.), or bonus terms, then describe the details of additional offerings in the section of this letter titled "Compensation."

(Date)

(Candidate Name)

(Candidate Address)

Dear (Candidate Name),

AVAILABLE UPON PURCHASE

Compensation

AVAILABLE UPON PURCHASE

Policies and Benefits

AVAILABLE UPON PURCHASE

At-Will Employment

AVAILABLE UPON PURCHASE

Confidentiality and Authorization to Work

AVAILABLE UPON PURCHASE

Acceptance

AVAILABLE UPON PURCHASE

Welcome

AVAILABLE UPON PURCHASE

Agreed to and Accepted by:

 (Candidate Name)

Date

DATE PAF COMPLETED

COMPANY NAME
PAF - PERSONNEL PAYROLL ACTION FORM
(please use black ink)

STORE # / CORP. DEPT# / EMPLOYEE #

TO: HUMAN RESOURCES

NEW

EMPLOYEE'S LEGAL NAME (LAST, FIRST, and MIDDLE INITIAL)
EMPLOYEE SOCIAL SECURITY NO
ADDRESS (STREET)
JOB CODE
JOB TITLE
(CITY, STATE, ZIP)
(COUNTRY)
CHANGE OF:
BIRTHDATE
PHONE
EMERGENCY PHONE
RESIDENT / NON-RESIDENT
NAME / ADDRESS (RELATIONSHIP)

DATE HIRED (FIRST DAY OF WORK)
ANNIVERSARY DATE
PREVIOUS EMPLOYMENT DATE
ELIGIBILITY FOR REHIRE CHECKED? (VERIFIER) (MGT APPROVAL)
PAY (HOURLY) (BIWEEKLY/ANNUALLY) (COMMISSION)
FLSD STATUS (EXEMPT) (NON-EXEMPT)
EDUCATION COMPLETED YEARS

PAY CHANGE: PERFORMANCE INCREASE (Evaluation Attached) PROMOTION OTHER (Attach Written Reason)
FROM: (HOURLY) (BIWEEKLY/ANNUALLY) (COMMISSION) TO: (HOURLY) (BIWEEKLY/ANNUALLY) (COMMISSION)
EFFECTIVE DATE DATE OF LAST REVIEW DATE OF NEXT REVIEW
POSITION CHANGE: FROM: (Job Code) (Job Title) TO: (Job Code) (Job Title) EFFECTIVE DATE (First Day in New Position)

OFFICE USE ONLY
RECEIVED HUMAN RESOURCES
PROCESSED
COBRA ELIG YES NO
MED DENTAL
DATE NOTIFIED
TO PAYROLL

STATUS CHANGE: FT PT TEMP EXEMPT W/C PL LOA NON-EXEMPT
Effective Date of Status Change

PAYROLL USE ONLY
S / M / MS FED STATE
SUP ADD W/H
DIRECT DEP. ATTCH
PROCESS DATE VERIFICATION DATE
DATE TO HUMAN RESOURCES
DATE FILED INITIALS

TRANSFER: (Circle as Appropriate)
From Store/Corp./Dept. from To Store/Corp./Dept. to
Transfer Effective Date

LEAVES: (Leave Request/Forms Attached) Type of Leave Requested (Check One)
LEAVE OF ABSENCE (FMLA)
A. 1st Request 2nd Request 3rd Request
B. Leave Requested From to
C. Date of Expected Return
D. Leave Extended From to
E. FMLA Leave Remaining
F. Work Comp. Injury? (# of days) (hours)
G. Returned From Leave

TERMINATION: Eligible for Rehire Yes No
Last Day Worked Termination Date
Medical Benefits at Termination? Yes No
Paid Time Off Due (Days) Separation Checklist attached.

TIME OFF USE: REQUESTED FROM TO
AVAILABLE APPROVED PAID UNPAID REMAINING
Days / Home Days / Home Days / Home

APPROVALS: (Original Signatures Only)
Employee Date
Manager Date Human Resources Date
Department Head / District Manager Date Executive Officer Date

XYZ NEW TEAM MEMBER ORIENTATION

CORPORATE ORIENTATION

TEAM MEMBER NAME: _____ POSITION: _____

EACH OF THE FOLLOWING ITEMS SHOULD BE DISCUSSED WITH THE NEW TEAM MEMBER.

** INDICATES SUPPORTING WRITTEN INFORMATION LOCATED IN THE NEW TEAM MEMBER ORIENTATION PACKET.*

- ___ Introduce employee to fellow team members, including management staff
- ___ Explain company's goal of providing services; the team member's role in this goal.
- ___ Explain the importance of the new team member's job in relation to fellow team members and explain the job in detail: duties, responsibilities, and what you, as the manager, expect from the new team member.
- ___ Provide a copy of the position job description and any written job procedures.
- ___ Explain to the new team member that if they have any questions relating to their work or other employment variables, you will be available to answer them.
- ___ Complete PAF - New Hire

___ **1. Explain wage/salary information:**
AVAILABLE UPON PURCHASE

___ **2. Explain hours of work:**
AVAILABLE UPON PURCHASE

___ **3. Explain company structure, policies and procedures**
AVAILABLE UPON PURCHASE

___ **4. Explain leaves from work with or without pay-procedures for applying**
AVAILABLE UPON PURCHASE

___ **5. Explain Safety Program**
AVAILABLE UPON PURCHASE

___ **6. Explain Company Benefits:**
AVAILABLE UPON PURCHASE

___ **7. Other Items:**
AVAILABLE UPON PURCHASE

___ **8. Explain the use/care of equipment/supplies, where obtained; copiers, printers, fax, computers, software, etc.**

___ **9. Schedule associate for a formal meeting after 2 weeks for in depth discussion regarding the position.**

___ **10. Schedule administration session and required training sessions for associate.**

ASSOCIATE REMARKS:

ACKNOWLEDGEMENT

AVAILABLE UPON PURCHASE

NEW ASSOCIATE: _____ **DATE:** _____

HR ORIENTATION COMPLETED BY: _____ **DATE:** _____

ADMIN ORIENTATION CONDUCTED BY: _____ **DATE:** _____

DEPT ORIENTATION COMPLETED BY: _____ **DATE:** _____

ORIGINAL TO PERSONNEL FILE

2ND COPY TO ASSOCIATE

XYZ NEW TEAM MEMBER ORIENTATION

UNIT ORIENTATION

TEAM MEMBER NAME: _____ POSITION: _____

EACH OF THE FOLLOWING ITEMS SHOULD BE DISCUSSED WITH THE NEW TEAM MEMBER.

*** INDICATES SUPPORTING WRITTEN INFORMATION LOCATED IN THE NEW TEAM MEMBER ORIENTATION PACKET.**

- ____ Introduce employee to fellow team members, including management staff
- ____ Explain company's goal of providing quality services; the team member's role in this goal.
- ____ Explain the importance of the new team member's job in relation to fellow team members and explain the job in detail: duties, responsibilities, and what you, as the manager, expect from the new team member.
- ____ Provide a copy of the position job description and any written job procedures.
- ____ Explain to the new team member that if they have any questions relating to their work or other employment variables, you will be available to answer them.
- ____ Complete PAF - New Hire

____ **1. Explain wage/salary information:**
AVAILABLE UPON PURCHASE

____ **2. Explain hours of work:**
AVAILABLE UPON PURCHASE

____ **3. Explain company structure, policies and procedures**
AVAILABLE UPON PURCHASE

____ **4. Explain leaves from work with or without pay-procedures for applying**
AVAILABLE UPON PURCHASE

____ **5. Explain Safety Program**
AVAILABLE UPON PURCHASE

____ **6. Explain Company Benefits:**
AVAILABLE UPON PURCHASE

____ **7. Other Items:**
AVAILABLE UPON PURCHASE

Inform employee that you are available anytime but that two weeks after they have been on the job you will meet with the employee and discuss how they feel about the position and answer any questions that result. Remember it is important to all new company employees to have the following basic needs fulfilled: RECOGNITION, A SENSE OF BELONGING, A FEELING OF JOB SECURITY AND PARTICIPATION.

REMARKS:

ACKNOWLEDGEMENT
AVAILABLE UPON PURCHASE

NEW TEAM MEMBER: _____ **DATE:** _____

ORIENTATION COMPLETED BY: _____ **DATE:** _____

ORIGINAL TO PERSONNEL FILE

2ND COPY TO ASSOCIATE

Employee Benefit Enrollment Form

Group Number	Location	Employee Classification	Coverage Effective Date
			/ /

1.	Date of Birth		Mo.	Day	Yr.	Sex	<input type="checkbox"/> M	<input type="checkbox"/> F	
	Mailing Address		Social Security Number						
	City	State	Zip	County:		Date Employed:			
	Name of Employer		City	Job Title:		Home Phone: ()			
2. Complete information at the right to indicate persons to be covered and coverage desired	Health Plan	<input type="checkbox"/> Myself	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child(ren)	<input type="checkbox"/> Decline*	*If declining, are you enrolled in another health plan? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Dental Plan	<input type="checkbox"/> Myself	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child(ren)	<input type="checkbox"/> Decline				
	Other _____	<input type="checkbox"/> Myself	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child(ren)	<input type="checkbox"/> Decline				
	Name		Birth Date	Age	Sex	Post High School Student			
	Spouse					<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Child					<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Child					<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Child					<input type="checkbox"/> Yes <input type="checkbox"/> No			
3. Other Insurance Information	Is spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Employer: _____						
	Is spouse enrolled in a group health plan at his/her employer (excluding this plan)? <input type="checkbox"/> Yes <input type="checkbox"/> No								
If yes--		MEDICAL PLAN	Effective Date: ___/___/___	<input type="checkbox"/> Single Coverage	<input type="checkbox"/> Family Coverage				
		DENTAL PLAN	Effective Date: ___/___/___	<input type="checkbox"/> Single Coverage	<input type="checkbox"/> Family Coverage				
4. HIPAA Information	Did you have medical insurance prior to this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No								
	If yes, Carrier: _____ Effective Date: ___/___/___ Termination Date: ___/___/___								
	Enrollment Type: <input type="checkbox"/> New Hire <input type="checkbox"/> Special <input type="checkbox"/> Late Entrant								
	AVAILABLE UPON PURCHASE								
	Enrollment Date: ___/___/___		AVAILABLE UPON PURCHASE						
Certification of Creditable Coverage attached? <input type="checkbox"/> Yes <input type="checkbox"/> No									
AVAILABLE UPON PURCHASE									
Qualifying Event:									
5. Please designate your beneficiary	AVAILABLE UPON PURCHASE								
	Beneficiary				Relationship				
Your employer must Complete the section on the right.	Employee Term Life \$ _____			Employee \$ _____					
	Dependent Term Life \$ _____			Disability Benefit <input type="checkbox"/> Yes <input type="checkbox"/> No					
6. Please complete the information at right only if changed	<input type="checkbox"/> Name Change	Complete Sections: 1 and 7. Former Name was:		Last Name	First Name	Middle Initial			
	<input type="checkbox"/> Change From Single to Family Coverage	Complete All Sections. Reason & Date of Change:			Mo.	Day	Yr.		
	<input type="checkbox"/> Change From Family to Single Coverage	Complete Sections 1, 2, and 7. Reason & Date of Change:			Mo.	Day	Yr.		
	<input type="checkbox"/> No change in Coverage: Adding Dependents	Complete All Sections Reason & Date of Change:			Mo.	Day	Yr.		
	<input type="checkbox"/> Terminating Dependent	Complete Section 1	Dependent's Name	Last Date of Coverage ___/___/___					
7. Premium Only Plan	AVAILABLE UPON PURCHASE								
	Signature _____				Date _____				
8. Authorization	AVAILABLE UPON PURCHASE								
	Signature of Applicant						Date		

XYZ, INC.

ASSOCIATE PROBLEM RESOLUTION PROCEDURE

XYZ is committed to open and supportive communication between all associates on a daily basis. In the course of a normal workday, we recognize that you may have a question or problem concerning your job or workplace. Unless the question or problem addressed promptly, this may cause it to become larger than may actually be the case. For this reason, you are encouraged to approach your manager informally whenever a question or problem arises, so it can be answered or corrected. If after speaking with your manager, you feel your concern(s) were not addressed to your satisfaction, you are urged to use the steps below, beginning at step two. You can be assured that all of our management staff will support you in use of this procedure.

STEP 1 Your Immediate Manager

AVAILABLE UPON PURCHASE

STEP 2 Your /Department Head

AVAILABLE UPON PURCHASE

Step 3 Human Resources

AVAILABLE UPON PURCHASE

Step 4 Respective Executive Officer

AVAILABLE UPON PURCHASE

Step 5 Chief Operating Officer

AVAILABLE UPON PURCHASE

Step 6 Chief Executive Officer

AVAILABLE UPON PURCHASE

Chief Executive Officer

POST-EMPLOYMENT SELF-IDENTIFICATION FORM

(Personal and Confidential)

NAME _____ Social Security Number _____ - _____ - _____

To enable XYZ to meet government reporting regulations, new associates must complete this form. Information will be used solely for government reporting purposes. It will be kept separate from the application, not used in employment selection and will be treated as personal and confidential.

SEX _____ Male _____ Female

ETHNIC CATEGORY (Check one)

AVAILABLE UPON PURCHASE

Do you wish to identify yourself as a handicapped individual, a disabled veteran, or a Vietnam Era Veteran and be considered under Affirmative Action Plans? Yes _____ No _____

If yes,

AVAILABLE UPON PURCHASE

Associate Signature: _____ Date: _____

EQUAL EMPLOYMENT OPPORTUNITY

Policy:

It is the policy of XYZ to provide equal opportunity in employment to all associates and applicants for employment. No person will be discriminated against in employment because of race, religion, color, sex, age, national origin, disability, or military status.

Comment:

(1) This policy applies to all terms, conditions, and privileges of employment and all policies of the Company, including hiring, introductory period, training, orientation, placement and employee development, promotion, transfer, compensation, benefits, educational assistance, layoff and recall, social and recreational programs, employee facilities, termination, and retirement.

(2) AVAILABLE UPON PURCHASE

(3) The Executive responsible for human resources AVAILABLE UPON PURCHASE

(a) Assisting management in collecting and analyzing employment data
AVAILABLE UPON PURCHASE

(b) AVAILABLE UPON PURCHASE

(c) AVAILABLE UPON PURCHASE

(d) AVAILABLE UPON PURCHASE

(e) Assisting management personnel in arriving at solutions to specific personnel problems;

(f) AVAILABLE UPON PURCHASE

(g) Keeping management informed of the latest equal employment opportunity developments.

(4) AVAILABLE UPON PURCHASE

(5) While overall authority for implementing this policy is assigned to Human Resources,
AVAILABLE UPON PURCHASE

IMPROPER CONDUCT AND NON-HARASSMENT POLICY

XYZ is committed to providing a work environment that is free of discrimination. In keeping with this commitment, XYZ maintains a strict policy prohibiting unlawful harassment. This policy prohibits harassment in any form including verbal, physical and visual harassment. Individuals determined to be engaged in harassment or improper conduct will be subject to counseling up to and including termination from employment.

PARAGRAPH 2 AVAILABLE UPON PURCHASE

PARAGRAPH 3 AVAILABLE UPON PURCHASE

If you have any questions concerning this policy, please feel free to contact:

President and CEO

HAZARD COMMUNICATION PROGRAM

EMPLOYEE TRAINING ACKNOWLEDGEMENT

All company employees who, in the performance of their normal duties, use hazardous chemicals, or may be exposed to hazardous chemicals, will receive training about Hazard Communication Standard, the Company's Hazard Communication Program, and the safe use of those hazardous chemicals.

The employee training covers the following topics:

AVAILABLE UPON PURCHASE

The undersigned has attended a training session as described above, understands the information conveyed, and has received training support materials.

Employee Signature

Date

COMPANY STANDARDS OF CONDUCT

All Associate Team Members are asked to act responsibly. Listed below are our Company Standards of Conduct. The Company expects all of us to use our common sense and good judgment while at work. Therefore, the following list is not intended to be exclusive. In order to maintain a productive workplace, violations of these standards will result in counseling and may result in job termination:

17 STANDARDS AVAILABLE UPON PURCHASE

The above rules are not intended to be exclusive and the Company reserves the right to modify and/or rescind these rules and regulations. Should you observe any violations to the above Standards, please do not hesitate to contact Management.

COUNSELING STATEMENT

Instructions for completing this statement: As soon as possible after the incident, complete this form. If other than an oral counseling or termination, have the team member sign the form and distribute copies to the team member and the team member's store personnel file. Forward this original to human resources.

Team Members Name: _____ **Position:** _____

DETAILS OF THE VIOLATION:

AVAILABLE UPON PURCHASE

LEVEL OF THIS COUNSELING:

___ AVAILABLE UPON PURCHASE

___ AVAILABLE UPON PURCHASE

___ AVAILABLE UPON PURCHASE

___ **Termination (Counseling Statement Not Given to Employee)**

Immediate satisfactory improvement must be shown and maintained or further counseling action will be taken, depending upon the type and severity of the next violation.

Date: _____ **Manager:** _____

NEW HIRE PAPERWORK CHECKLIST

ASSOCIATE NAME: _____

DEPARTMENT/UNIT: _____ LOCATION: _____

YOUR NEW HIRE PACKET SHOULD CONTAIN THE FOLLOWING:

(Please checkmark)

_____ AVAILABLE UPON PURCHASE

_____ AVAILABLE UPON PURCHASE

_____ AVAILABLE UPON PURCHASE

_____ AVAILABLE UPON PURCHASE

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_____ AVAILABLE UPON PURCHASE

_____ AVAILABLE UPON PURCHASE

Internal Transfer Request

Request Date: _____ Employee Name: _____

Current Position: _____ Dept: _____

I request consideration for transfer to: _____
(Open Position Title) (Dept.)

AVAILABLE UPON PURCHASE: _____

ACKNOWLEDGEMENT:

AVAILABLE UPON PURCHASE

Associate Date

Received for Company: _____ Date: _____

Exit Interview

It is our company policy to conduct an exit interview with each associate upon separation. We would appreciate your honest opinions about your employment with our company. Your objective feedback can help up to improve the work atmosphere and make our company an even better place to work. Thank you for your valued opinion.

Associate Name _____ Position _____

Date of Hire _____ Separation Date _____

Check which best describes your feelings about the following aspects of your employment experience at _____.

	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
11				
CRITERIA				
AVAILABLE				
UPON				
PURCHASE				

If you have marked dissatisfied or very dissatisfied in any categories, please explain:

The main reasons I am leaving the company are:

If you are leaving to accept other employment AVAILABLE UPON PURCHASE:

Please describe your relationship with AVAILABLE UPON PURCHASE:

Has our company and/or your supervisor provided AVAILABLE UPON PURCHASE:

Would you recommend AVAILABLE UPON PURCHASE

Associate Signature _____ Date _____

Please forward or mail to

Associate Separation Checklist

Associate's Name: _____

Last Day of Work: _____

*Note: Review associate's Company Property Statement
in personnel file for items issued during employment.*

The following items were issued and returned before the above associate's separation from the Company:

Returned	Not Issued	
_____	_____	AVAILABLE UPON PURCHASE
_____	_____	AVAILABLE UPON PURCHASE
_____	_____	
_____	_____	AVAILABLE UPON PURCHASE
_____	_____	AVAILABLE UPON PURCHASE

ASSOCIATE'S SIGNATURE: _____ DATE: _____

MANAGER'S SIGNATURE: _____ DATE: _____

Administrative procedures to be completed:

Completed	Not Completed	
_____	_____	AVAILABLE UPON PURCHASE
_____	_____	AVAILABLE UPON PURCHASE
_____	_____	AVAILABLE UPON PURCHASE
_____	_____	AVAILABLE UPON PURCHASE

Human Resources Policies and Procedures Manual

COUNSELING PROGRAM

POLICY NO.

PURPOSE:

This policy and procedure is established to provide guidelines for the administration of a counseling program at XYZ to correct and improve work behavior. **However, the company reserves the right to discharge associates, under certain circumstances, without counseling before discharge.**

POLICY:

It will be the philosophy of the company to administer a consistent counseling program for all associates in compliance with company policies and procedures. **The company reserves the right to modify or rescind this policy at any time without prior notice to an associate. All associates are employed at will and the company or associate may separate employment with or without cause, with or without notice.**

RESPONSIBILITY:

It will be the responsibility of all managerial levels of the Company to ensure compliance with company policies and procedures by administering corrective counseling when appropriate.

PROCEDURE INDEX:

Definition of Progressive Counseling

Levels of Corrective Counseling:

 Informal Reprimand (Verbal)

 Formal Reprimand (Written)

 Suspension

 Involuntary Termination (Discharge)

Required Management Reviews for Suspension/Termination.

General Rules for Application of Corrective Counseling

Counseling Statement Completion and Distribution

Company Standards of Conduct

Required Posting

Policy Administration and Interpretation

Appendix

A. Standards of Conduct B. Counseling Statement

Management Training Program

EMPLOYEE MOTIVATION THROUGH PROGRESSIVE AND CORRECTIVE COUNSELING

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Manual Introduction (Philosophy of counseling)
 Table of contents
 Program Objective of Participants
 “The Corrective Counseling Process”
 Training Program Outline of Material
Legal Implications of the Counseling Process
 The Progressive Counseling Process
 Checklist for “Just Cause”
 Types of Counseling
 Preventative Counseling Programs

PARTICIPANT PROGRAM OBJECTIVES

As a result of participation in the training program on counseling, you should be able to:

- ...Understand the concept and the nature of counseling.
- ...Administer the company counseling policy according to the philosophy, policy, and process established for employees.
- ...Conceptualize counseling as a supervisory “control” tool.
- ...Understand that counseling is a supervisory “control” tool.
- ...Utilize the various techniques and methods creating a climate conducive to self-discipline.
- ...Avoid using the common pitfalls and problems many managers run into in administering the counseling process.
- ...Follow a progressive counseling process that will not jeopardize the company with regard to any third party review or recourse.
- ...Check all counseling actions for objectiveness and “just cause” before taking action.

XYZ, INC.
BUSINESS CONDUCT CODE

General Overview

XYZ (“the Company”) is committed to conducting its business operations with the highest standards of integrity and in accordance to law.

The Company is committed to becoming a leader in its business. To fulfill this commitment, all associates are encouraged to lead by example, foster teamwork along with risk-taking and to enjoy their work. The Company is committed to success through added value and profitable growth. In this light, personal and business integrity is critical to company success.

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