



CSC Group Member Fact Sheet

(Please Print)

Personal Information

Social Security Number: _____ Date of Birth: ____/____/19____

Last Name: _____ First Name: _____ Middle Int: _____

Address: _____ Apt # _____

City: _____ State: _____ Zip Code: _____

Home Phone: () _____ Work number: () _____

Cell () _____ E-Mail _____

Can you submit verification of your identity and legal right to work in the United States? [] Yes [] No

Have you ever been convicted of a felony? [] Yes [] No

If yes, give dates offenses and deposition: _____

Have you ever been convicted of a misdemeanor? [] Yes [] No

If yes, give dates offenses and deposition: _____

Are you currently on parole? [] Yes [] No

Probation? [] Yes [] No

If yes, terms of parole: _____

Acknowledgement of Policies and Procedures

I acknowledge that I have read and understand the employee handbook of Contemporary Services Corporation (CSC) and that I have been oriented to the employment procedures and proper conduct for a CSC group employee.

I understand that even though I am a group member, when I am working I am working as a CSC employee and that I must follow all of the policies and procedures in the CSC employee handbook.

I understand that if I am not in proper uniform, as stated in the employee handbook, I will not be allowed to work.

I hereby certify that the information contained on this form is true and correct to the best of my knowledge and agree to have any or all the information verified and to have a criminal history investigation conducted by CSC.

Group Name: _____

Signature: _____ Date: ____/____/20____



MUTUAL AGREEMENT TO ARBITRATE CLAIMS

This Mutual Agreement to Arbitrate Claims (Agreement) is entered into by and between Contemporary Services Corporation, a California corporation (EMPLOYER), and _____ (EMPLOYEE), effective on the date executed below.

1. Claims Covered by This Agreement

EMPLOYEE and EMPLOYER mutually agree to the resolution by arbitration of all claims or controversies arising out of EMPLOYEE's employment or its termination (collectively, the "Claims") that either party may have against the other, including EMPLOYER's parent, subsidiaries, or affiliates or any of their officers, directors, shareholders, representatives, attorneys, agents, or assigns in their capacity as such or otherwise. The Claims covered by this provision include, without limitation, claims arising out of contract law, tort law, common law, wrongful discharge law, privacy rights, statutory protections, constitutional protections, wage and hour law, State Labor Code protections, California Fair Employment and Housing Act (which includes claims for discrimination or harassment on the basis of age, race, color, ancestry, national origin, disability, medical condition, marital status, religious creed, sex, pregnancy, and sexual orientation), any similar state discrimination law, California and any similar state Family Rights Act, federal Family and Medical Leave Act, federal Civil Rights Acts of 1964 and 1991, as amended, Age Discrimination in Employment Act, Older Workers Benefit Protection Act, Americans with Disabilities Act, claims for benefits (except when a benefit or pension plan specifies that its claims procedures shall culminate in an arbitration procedure different from this one), and claims for violation of any federal, state, or other governmental law, statute, regulation, or ordinance.

The parties understand that, by this Agreement, they are waiving their rights to have a Claim adjudicated by a court or jury.

2. Claims Not Covered by This Agreement

Claims EMPLOYEE may have for workers' compensation, state unemployment compensation benefits, and state disability insurance are not covered by this Agreement.

The parties acknowledge that in the course of employment, EMPLOYEE may be exposed to certain confidential information owned, controlled, or in the care of EMPLOYER. Exposure of such information to the public would cause irreparable harm to EMPLOYER and third parties (e.g., customers and clients). In addition, there may be other situations in which either party's claims may cause irreparable harm if those claims were subject to this Agreement. Accordingly, the parties agree that either party is entitled to seek and obtain temporary injunctive relief (and subsequent preliminary and permanent injunctive relief) from a court of competent jurisdiction under applicable law, and this Agreement will not apply to such right or relief.

3. Arbitration

Except as otherwise provided in paragraph one, arbitration shall be in accordance with the then-current National Rules for Resolution of Employment Disputes of the American Arbitration Association (the Rules) before a single arbitrator who is selected in accordance with the Rules and who is licensed to practice law in the state where the arbitration will occur. The arbitration shall take place in the state where the branch office is located through which the EMPLOYEE became employed with EMPLOYER. The arbitrator shall apply the substantive law of the state or federal law, or both, as applicable to the Claim asserted. Each party shall have the right to take written discovery and depositions as provided for under the state Code of Civil Procedure, as well as to subpoena witnesses and documents for discovery and for arbitration. Each party shall be entitled to all types of remedies and relief otherwise available in court.

The arbitrator shall have the exclusive authority to resolve any dispute relating to the formation, interpretation, applicability, or enforceability of this Agreement, including, without limitation, any Claim that all or any part of this Agreement is void or voidable. The arbitrator's decision shall be a reasoned decision in writing, revealing the essential findings and conclusions forming the basis of the award, and shall be final and binding on the parties.

4. Costs and Fees

If EMPLOYEE alleges a violation of a statute relating to employment, including, without limitation, the California Fair Employment and Housing Act (or similar state statute), the Civil Rights Acts of 1964 and 1991, the Age Discrimination in Employment Act, or the Americans with Disabilities Act, EMPLOYER will advance all costs of the arbitration that would not be incurred by the parties if the dispute were litigated in court, including the fees of the arbitrator and any arbitration association administrative fees.

Except as set forth above, each party shall pay for its own costs, and attorney fees, if any. However, if any party prevails in a statutory Claim that affords the prevailing party attorney fees, the arbitrator may award reasonable attorney fees to the prevailing party in addition to any and all other remedies afforded by the relevant statute.

5. Requirements to Modify or Revoke This Agreement

This Agreement shall survive the termination of EMPLOYEE's employment and the expiration of any benefit plan. It can be revoked or modified only by a writing signed by the parties that specifically states an intent to revoke or modify this Agreement.

6. Entire Agreement

This is the complete agreement of the parties on the subject of arbitration of disputes (except for any arbitration agreement in connection with any benefit or pension plan). This Agreement supersedes any prior or contemporaneous oral or written understandings on the subject.

7. Not to Be Construed as Employment for a Term

This Agreement is not a contract of employment, express or implied, for a term. It does not alter the "at-will" status of EMPLOYEE's employment or restrict EMPLOYER's decision-making authority concerning EMPLOYEE's terms and conditions of employment.

8. Exclusive Forum

THE PARTIES ACKNOWLEDGE THAT THEY HAVE CAREFULLY READ THIS AGREEMENT AND THEY UNDERSTAND ITS TERMS. IN PARTICULAR, THE PARTIES UNDERSTAND THAT BY SIGNING THIS AGREEMENT, THEY ARE WAIVING THEIR RIGHTS TO HAVE A CLAIM ADJUDICATED BY A COURT OR JURY.

Arbitration as described above will be the exclusive forum for any Claims. Should the parties attempt to resolve a Claim by any method other than arbitration, the prevailing party in any civil court motion to compel arbitration will be entitled to recover from the other party all costs and attorney fees incurred as a result of that motion to compel.

EMPLOYER

Date: _____, _____

Contemporary Services Corporation

By: _____

Name: _____

Title: Branch Manager

EMPLOYEE

Date: _____, _____

SIGNATURE

PRINTED NAME



CSC Background Check Disclosure and Authorization Form

In the interest of maintaining the safety and security of our customers, employees and property, Contemporary Services Corporation ("CSC" or the "Company") will order a background check report (a "Consumer Report") on you in connection with your employment application, and if you are hired, or, if you already work for the Company, may order additional Consumer Reports on you for employment purposes every three years from your start of employment. If you are a designated and trained Company driver of Company owned or rented vehicles, an additional check of your driving records will also be conducted and may be conducted annually.

The background check company, at LexisNexis Screening Solutions Inc., will prepare the Consumer Report for the Company. LexisNexis Screening Solutions Inc. is located at Consumer Center, P.O. Box 105108, Atlanta, GA 30348-5108 and can be contacted by telephone at: 1(800) 845-6004.

The Consumer Report may contain information concerning your character, general reputation, personal characteristics, mode of living, and credit standing. The types of information that may be ordered include but are not limited to: Social Security number verification; criminal, public, educational and, as appropriate, driving records checks; verification of prior employment; reference, licensing and certification checks; credit reports; and drug testing results. The information may be obtained from private and public record sources, including personal interviews with your associates, friends, and neighbors. (An "investigative consumer report" is a Consumer Report that includes information from such personal interviews, except in California where that term means any Consumer Report.) The nature and scope of the most common form of investigative consumer report is an investigation into your education and/or employment history conducted by LexisNexis Screening Solutions Inc. or another outside organization.

You may request more information about the nature and scope of an investigative consumer report, if any, by telephoning the Company at 1(800) 754-5150. A summary of your rights under the Fair Credit Reporting Act is also being provided to you with this form.

STATE SPECIFIC NOTICES

If you live or work for the Company in the states listed below, please note the following:

CALIFORNIA: You may view the file that LexisNexis Screening Solutions Inc. has for you, and order a copy of the file, upon submitting proper identification and paying copying costs, by coming to their offices, during normal business hours and on reasonable notice, or by mail. You may also ask for a file-summary by telephone. LexisNexis Screening Solutions Inc. can answer questions about information in your file, including any coded information. If you come in person, another person can come with you, so long as that person can show proper identification.

MAINE: If you ask us, you have the right to know whether the Company ordered an investigative consumer report on you. You may request the name, address, and telephone number of the nearest office for LexisNexis Screening Solutions Inc. You will get this information within 5 business days of our receipt of your request. You have the right to ask LexisNexis Screening Solutions Inc. for a free copy of the report.

MARYLAND: If the Company obtains credit history information on you, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.

MASSACHUSETTS/NEW JERSEY: If you submit a request to us in writing, you have the right to know whether the Company ordered an investigative consumer report from LexisNexis Screening Solutions Inc. You may inspect and order a free copy of the report by contacting LexisNexis Screening Solutions Inc.

MINNESOTA: If you submit a request to us in writing, you have the right to get from the Company a complete and accurate disclosure of the nature and scope of the consumer report or investigative consumer report ordered, if any.

NEW YORK: If you submit a request to us in writing, you have the right to know whether the Company ordered a consumer report or an investigative consumer report from LexisNexis Screening Solutions Inc., and you will be provided with the name and address of LexisNexis Screening Solutions Inc. You may inspect and order a free copy of the reports by contacting LexisNexis Screening Solutions Inc. A copy of Article 23A of the New York Correction Law is being provided with this form.

OREGON: If the Company obtains credit history information on you, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.

WASHINGTON STATE: If you submit a request to us in writing, you have the right to get from the Company a complete and accurate disclosure of the nature and scope of the investigative consumer report we ordered, if any. You also have the right to ask LexisNexis Screening Solutions Inc. for a written summary of your rights under the Washington Fair Credit Reporting Act. If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.

AUTHORIZATION FOR BACKGROUND CHECKS

After carefully reading this Background Check Disclosure and Authorization form, I authorize the Company to order my Consumer Report, including investigative consumer reports through LexisNexis Screening Solutions Inc., which is located at P.O. Box 105108, Atlanta, GA 30348-5108, and which may be telephoned at: 1-800-845-6004. I understand that the Company may rely on this authorization to order additional Consumer Reports, including investigative consumer reports, during my employment without asking me for my authorization again as allowed by law.

I also authorize the following agencies and entities to disclose to LexisNexis Screening Solutions Inc. and its agents all information about or concerning me, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. The information that can be disclosed to LexisNexis Screening Solutions Inc. and its agents includes, but is not limited to, information concerning my employment history, earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses and substance abuse testing.

I agree the Company may rely on this authorization to order Consumer Reports, including investigative consumer reports, from companies other than LexisNexis Screening Solutions Inc. without asking me for my authorization again as allowed by law. I also agree that a copy of this form is valid like the signed original. I certify that all of my personal information on this form is *true and correct* and understand that dishonesty will disqualify me from consideration for employment with the Company, or if I am hired or already work for the Company, that my employment may be terminated.

Last Name _____ First _____ Middle _____

Maiden/Other Names _____ Years Used _____

Social Security Number _____

Driver's License Number _____ State _____

FOR IDENTIFICATION PURPOSES ONLY: Date of Birth ____/____/____ (Month/Day/Year)

Addresses Within The Past Seven Years (use a separate sheet as needed)

Present Street Address _____

City/State/ZIP _____

Prior Street Address _____

Prior City/State/ZIP _____

From ____/____/____ (Month/Day/Year) To ____/____/____ (Month/Day/Year)

City/State/ZIP _____

Criminal History Inquiry

Have you ever been convicted of a felony? **Yes No** Have you ever been convicted of a misdemeanor? **Yes No**

If Yes, please list conviction and dates _____

Are you currently on parole? **Yes No** Are you currently on Probation? **Yes No**

If yes, list the terms of parole/probation. _____

Have you been charged with an offense for which you are currently out on bail or on personal recognizance pending trial?

If yes, state nature of the offense and the currently pending trial date? _____

Signature _____

Date: ____/____/____ (Month/Day/Year)

If you live or work for the Company in California, Minnesota or Oklahoma: Check this box if you would like a free copy of your background check report:



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ START HERE. 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 documentation presented has a future expiration date may also constitute illegal discrimination.

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	Other Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][]-[][]-[][][][]		E-mail Address			Telephone Number

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):

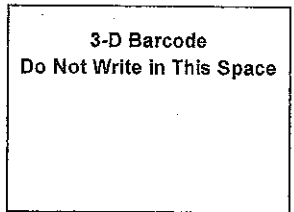
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee:	Date (mm/dd/yyyy):
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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.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State Zip Code



Employer Completes Next Page



Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identify and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p>3-D Barcode Do Not Write in This Space</p> </div>		
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear 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.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative		
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name		
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code	

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
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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 (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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LISTS OF ACCEPTABLE DOCUMENTS

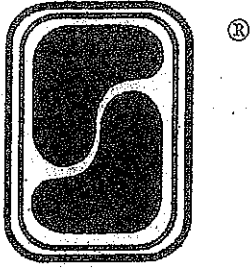
All documents must be UNEXPIRED

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	LIST B Documents that Establish Identity	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 	<p style="font-size: small; margin: 0;">OR</p> <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; font-weight: bold; margin: 5px 0;">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 	<p style="font-size: small; margin: 0;">AND</p> <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 Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.



Policies Acknowledgment Form

Date _____

Equal Employment Opportunity (EEO) Policy

I hereby acknowledge that I have read, had a chance to ask questions about, and understand the foregoing and agree to abide by and be bound by the terms of the Equal Employment Opportunity (EEO) Policy on Page 9 of the employee handbook.

Print Name

Signature

Affirmative Action Policy

I hereby acknowledge that I have read, had a chance to ask questions about, and understand the foregoing and agree to abide by and be bound by the terms of the Affirmative Action Policy on Page 11 of the employee handbook.

Print Name

Signature

Workplace Violence Policy

I hereby acknowledge that I have read, had a chance to ask questions about, and understand the foregoing and agree to abide by and be bound by the terms of the Workplace Violence Policy in Page 13 of the employee handbook.

Print Name

Signature

Non-Harassment / Sexual Harassment Policy

I hereby acknowledge that I have read, had a chance to ask questions about, and understand the foregoing and agree to abide by and be bound by the terms of the Non-Harassment / Sexual Harassment Policy in Page 14 of the employee handbook.

Print Name

Signature

Anti-Retaliation Policy

I hereby acknowledge that I have read, had a chance to ask questions about, and understand the foregoing and agree to abide by and be bound by the terms of the Anti-Retaliation Policy on Page 17 of the employee handbook.

Print Name

Signature

Drug and Alcohol Free Workplace Policy

I hereby acknowledge that I have read, had a chance to ask questions about, and understand the foregoing and agree to abide by and be bound by the terms of the Drug and Alcohol Free Workplace on Page 17 of the employee handbook.

Print Name

Signature

Conflict of Business Interest Policy

I hereby acknowledge that I have read, had a chance to ask questions about, and understand the foregoing and agree to abide by and be bound by the terms of the Conflict of Interest Policy on Page 19 of the employee handbook.

Print Name

Signature