



P.O. Box 4323, Rockford, IL 61110
Phone 815-961-0600 • Fax 815-961-9539

EMPLOYEE: _____

SOCIAL SECURITY NUMBER: _____

I CERTIFY THAT NO ACCIDENT OR INJURY WAS SUSTAINED WHILE WORKING ON THE ASSIGNMENT UNLESS SO NOTED:

EMPLOYEE SIGNATURE _____

CHECK HERE
IF NEW
ADDRESS

OR TELEPHONE _____

	DATE	TIME STARTED	TIME FINISHED	LESS LUNCH	HOURS WORKED
MON					
TUE					
WED					
THU					
FRI					
SAT					
SUN					

TOTAL HOURS FOR WEEK
TO NEAREST 1/10 HOUR

I certify that I have worked the hours listed; they have been verified by an authorized representative of the customer. I understand that any misrepresentation of time worked will result in immediate dismissal from the *workplace*.

ARE YOU RETURNING? YES NO

I understand that I must contact the *workplace* at the end of each assignment; failure to do so will be deemed a voluntary quit.

• COMPANY CUSTOMER AGREEMENT •

workplace agrees to provide the Customer-client (hereinafter called "Customer") with a temporary employee(s) and Customer in consideration for *workplace* furnishing Customer the temporary employee(s), agrees not to employ or cause others to employ the temporary employee(s) named herein except through *workplace*. It is understood and agreed that minimal daily charge for this employee is four (4) hours. It's further agreed that the Customer will not authorize or direct or cause the temporary employee(s) to perform any work activities other than those specifically set forth in the original job order, or to operate machinery, automotive or truck equipment without prior written consent of *workplace*, it being understood that Customer assumes responsibility for trucks, equipment, cargo, or other such vehicles whether the same are owned or rented. *workplace* insurance does not cover physical loss or damage to machinery equipment, or material entrusted to the care, custody, or control of temporary employee(s) supplied by *workplace*, and Customer agrees that *workplace* shall not be liable for physical loss or damage to such property or loss of use of such property caused by such temporary employee(s). Such liability is the responsibility of the Customer and the Customer will defend and hold *workplace* harmless from any resulting claims or loss. It is also understood and agreed that *workplace* temporary employee(s) shall not be trusted with cash, negotiables or other valuables while performing services for the Customer without prior consent from *workplace* and then only when the temporary employee(s) specific duties necessitate such activity. The Customer agrees to pay all costs of collection or attempting to collect monies due hereunder, including a reasonable attorney's fee, whether the same is collected by suit or otherwise. The waiver by *workplace* of any right hereunder shall not constitute a waiver of any other obligations of the Customer hereunder and the failure to exercise or the delay in exercising a right herein shall not operate as a waiver thereof as to any subsequent right or default. Customer agrees to indemnify and hold *workplace* harmless for any and all claims, demands or suits arising out of the Occupational Safety and Health Act as relates to the premises owned, rented or controlled by Customer or to which the temporary employee(s) is assigned or directed, and as to any and all laws, regulations and executive orders concerning equal employment opportunity. This encompasses the entire agreement between the parties and any modification, change or alteration must be in writing. Use of the services of the temporary employee(s) is acceptance of the terms of the contract by Customer, whether the same is signed or not.

WEEK ENDING DATE (SUNDAY) _____

CUSTOMER _____

AUTHORIZED SIGNATURE _____

TELEPHONE _____ DATE _____



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