

KTBLACK SERVICES

Employee Information Form

Employee Name	Last	First	MI
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Social Security Number _____ - _____ - _____ Date _____ / _____ / _____

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: _____ / _____ / _____
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Race: <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino
<input type="checkbox"/> American Indian/ Alaskan Native <input type="checkbox"/> Hawaiian/Other Pacific Islander <input type="checkbox"/> 2 or more Races

Phone: _____ (home) _____ (cell) _____ (other)

Emergency Contact Name: _____ Relation _____ Phone # _____

I acknowledge receipt of The Skilled Trades Company Employee Handbook. In consideration of my continued employment with The Skilled Trades Company, I agree to abide by the rules and policies of the Company, including any changes made from time to time. I understand that no officer, manager, or supervisor of The Skilled Trades Company, other than the President by a written and signed employment contract, has any authority to enter any agreement for employment for any specific or indefinite period of time, or to make any agreement contrary to the foregoing. I further understand that this agreement supersedes any previous contracts, promises, assurances, or representations to the contrary related to my employment.

I acknowledge receipt of The Skilled Trades Company's Drug-Free Policy (as found in the Employee Handbook); acknowledge you have seen the Drug-Free Training video; have had the opportunity to discuss the Policy and Training video and had questions answered; and understand all provisions in the Policy. Although it reflects our company's Policy regarding substance use, it may be necessary to make changes from time to time to best serve the needs of our organization. However, we will make any changes deemed necessary in writing. We will share the modified Policy with every employee. By my signature below, I acknowledge I have received a copy of the Drug-Free Policy of this company. I understand it is my obligation to read, understand and comply with the procedures and provisions contained within this Policy.

I acknowledge receipt and understanding of The Skilled Trades Company Accident and Injury Prevention Policy (as found in the Employee Handbook). In consideration of my continued employment with The Skilled Trades Company, I agree to abide by the rules and policies of the Company, including any changes made from time to time.

I acknowledge that I have received information regarding The Skilled Trades Company Modified Duty Off-Site placement program as found in the Employee Handbook) and understand it is my responsibility to read and comply with this Policy.

I certify the facts set forth in this form are true and complete to the best of my knowledge. I understand that false statements on this form could lead to disciplinary action including dismissal. The Skilled Trades Company is authorized to investigate any of the facts set forth in this form. I understand that employment with The Skilled Trades Company is "at-will," which means that either I or the employer can terminate the employment relationship at any time, without prior notice, and for any reason not prohibited by statute. All employment is continued upon that basis. I understand that no supervisor, manager, or executive of the company, other than the President of the company, has any authority to alter the foregoing.

Employee Signature

Date

