



3717 Camino Del Rio So., Suite 100
 San Diego, CA 92108
 Tel (888) 528-8367 (619) 528-8434
 Fax (619) 528-8498
 www.sdistaffing.com

SDI Staffing is an equal opportunity employer. We accept applicants and employ persons without regard to race, color, creed, national origin, sex, physical or mental handicap, or veteran's status. The information that you provide to us in this application will be used to evaluate your qualifications for the job. It will not be used for any discriminatory or illegal purposes.

APPLICATION

Your Name _____ Previous Names Used _____

Mailing Address _____
 Address _____ City _____ State _____ Zip Code _____

The mailing address above is where your paychecks and/or direct deposit stubs will be mailed.

Emergency Contact Name _____ Emergency Phone # _____

How did you hear about SDI Staffing? _____

EMPLOYMENT HISTORY

1. Current/Most Recent Employer Name _____
 Start & End Dates _____ to _____ City, State _____
 Position Held _____
 Supervisor Name _____ Supervisor Email _____
 Supervisor Phone _____ Reason for Leaving _____

2. Past Employer/Company Name _____
 Start & End Dates _____ to _____ City, State _____
 Position Held _____
 Supervisor Name _____ Supervisor Email _____
 Supervisor Phone _____ Reason for Leaving _____

3. Past Employer/Company Name _____
 Start & End Dates _____ to _____ City, State _____
 Position Held _____
 Supervisor Name _____ Supervisor Email _____
 Supervisor Phone _____ Reason for Leaving _____

ADDITIONAL BUSINESS REFERENCES (other than those listed under Employment History)		
First & Last Name	Phone # and/or Email	Relation (i.e. Co-worker, Client, Supervisor, Friend, Teacher, etc.)

PLEASE READ CAREFULLY, INITIAL & SIGN BELOW

_____ 1. **Have you ever been convicted by any court of an offense?** **YES** **NO**
Initial
Here

Convictions include pleas, verdicts, or findings of guilt or pleas of no contest even if a sentence is not imposed. You do NOT need to answer "Yes" if the offense involves any of the following: (1) minor traffic violations ("minor traffic violations" do not include reckless, hit-and-run, or drunk driving); (2) any arrest or determination that did not result in conviction; (3) any conviction for which the record has been judicially expunged, sealed, or eradicated, such as certain juvenile offense records; (4) any misdemeanor conviction for which probation has been completed and the case has been judicially dismissed; (5) any arrest for which a pretrial diversion program has been successfully completed; or (6) convictions for certain marijuana violations that are more than two years old, per California Labor Code section 432.8.

If you indicated "Yes" above, fill in the blanks below. This information is not necessarily a bar to employment. Use an additional sheet of paper as necessary.

Date: _____ **Charge:** _____

Location: _____ **Action Taken:** _____

_____ 2. I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.
Initial
Here

_____ 3. I understand that nothing contained in the application, or conveyed during the interview, which may be granted, or during my employment, if hired, is intended to create an employment contract between me and SDI Staffing. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or SDI Staffing, and that no promises or representations contrary to the foregoing are binding on SDI Staffing unless made in writing and signed by me and the President of SDI Staffing.
Initial
Here

_____ 4. I understand that some clients of SDI Staffing may administer drug testing of all employees including temporaries. By initialing this paragraph, I give permission for SDI Staffing to place me with any of these clients. Thus, I also give permission to SDI Staffing to release any and all test results to the clients which require this information for an assignment, regardless if temporary, temp-to-possible hire or direct hire opportunity.
Initial
Here

Date _____ **Applicant Signature** _____

1. **Temporary Employee Confidentiality Agreement**

Initial
Here

As a condition of any assignments by SDI Staffing to their clients, I hereby agree as follows:

- I will not disclose or disseminate to any unauthorized person any information gained through contact with materials or documents that are made available through my assignments.
- I will not disclose or disseminate any information pertaining to SDI Staffing's clients or operating methods and procedures or its customers which come to my attention as a result of this assignment.
- Under no circumstances shall I remove documents or material from the premises of SDI Staffing's clients.
- I understand that I shall be personally responsible for any damages resulting from any violation of this Agreement

The obligations of this Agreement shall survive my employment by SDI Staffing and my assignment to their clients.

2. **Employee Forms & Handbook Acknowledgement**

Initial
Here

I have received my copy of SDI Staffing's Employee Handbook, Policies and Employment Forms (listed below). All of these documents and policies are always available to me online at <http://www.sdistaffing.com/employees/>.

EMPLOYMENT & TAX FORMS:

1. Application Addendum
2. Federal Tax Form – W4 Employee Withholding Certificate
3. Form I-9 – Employment Eligibility Verification
4. (Optional) Direct Deposit Enrollment

EMPLOYEE HANDBOOK & POLICIES (**required reading**):

- Employee Handbook
- Drug & Alcohol, Harassment, Injury Illness Prevention Policies —Including DFEH-185 Sexual Harassment Brochure (4 pgs)
- Health Insurance Marketplace Notice
- Labor Code 2810.2 – Notice of UI, SDI, & Paid Family Leave —Including DE2515 & DE2511 (5 pgs)
- MPN Notice, Predisignation of Personal Physician & Workers Compensation
- Paid Sick Leave Policy

I understand and agree that it is my responsibility to read and familiarize myself with the policies and procedures. I also understand that nothing in the Employee Handbook or Policies creates or is intended to create a promise or representation of continued employment and that employment at SDI Staffing is employment at-will; employment may be terminated at the will of either SDI Staffing or myself. My initials & signature below certify that I understand that the foregoing agreement between SDI Staffing and myself concerning the duration of my employment and the circumstances under which my employment may be terminated.

3. **MPN Implementation Notice**

Initial
Here

As an employee of SDI Staffing, you are covered under our workers' compensation insurance policy through Everest National Insurance Company. Should you sustain an injury while on the job on or after 01/20/2005 and require medical treatment covered under our workers' compensation policy, you will be treated by providers in the Medical Provider Network (MPN), Everest Medical Provider Network (# 1719), unless you pre-designate a physician or medical group prior to your work injury. (Note: If you have an existing injury, you should continue treatment through your current primary treating physician. However if you sustain a new injury on the job through SDI Staffing, treatment for this injury will be obtained through the Everest National Insurance Company's MPN unless you pre-designate a physician or medical group.) If you would like to pre-designate a physician or medical group of your choice now, or any time prior to an injury sustained on the job, SDI Staffing requires you to complete the Pre-designation of Personal Physician Form located at <http://www.sdistaffing.com/employees/>. For additional information about Workers Compensation, Everest National Insurance Company, reporting a claim, and the Medical Provider Network, you can call our office at 619-528-8434 or review the information on Everest National Insurance Company's website at <http://www.everestnational.com/workcomp/>.

With my initials above & signature below, I declare under penalty of perjury that I have reviewed and received a copy of this MPN Implementation Notice.

Date _____

Applicant Signature _____



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DISCLOSURE REGARDING BACKGROUND INVESTIGATION

SDI Staffing ("the Company") may obtain information about you from a third party consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report is an employment history or verification.

A consumer report will be conducted by PeopleG2, 135 South State College Blvd, Suite 200, Brea, CA 92821, 800-630-2880, www.peopleG2.com. The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports throughout the course of your employment to the extent permitted by law.

Print Legal Name _____

Last 4 of SSN _____

Signature _____

Date _____

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Employer at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by PeopleG2, 135 South State College Blvd, Suite 200, Brea, CA 92821, 800-630-2880, www.peopleG2.com and/or Employer itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law.

Washington State applicants only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Minnesota and Oklahoma applicants only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants only: Under California Civil Code section 1786.22, you are entitled to find out what is in the CRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The CRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the CRA file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. CRAs complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the CRAs.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the CRA require additional information concerning your employment and personal or family history in order to verify your identity. The CRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection. You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An CRA may require you to furnish a written statement granting permission to the CRA to discuss your file in such person's presence.

Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

Signature _____

Date _____

BACKGROUND INFORMATION

First Middle Last

Last Name as it appears on your License or ID Card _____

Other Names/Alias'
(Full Legal Name) _____

Social Security # * _____ Date of Birth * _____

Driver's License # _____ State of Driver's License _____

Present Address _____

City/State/Zip _____

Phone Number _____ Email Address _____

*This information will be used for background screening purposes only and will not be used as hiring criteria.

MEAL PERIOD & REST BREAK POLICY

POLICY

SDI Staffing complies with federal and state legal requirements concerning meal periods and rest breaks. We recognize that employees perform at their best when they have the rest and nourishment they need. This Policy explains when SDI Staffing expects employees to take meal periods and rest breaks.

Meal Periods

SDI Staffing provides at least a 30-minute meal period to employees who work more than five hours, unless they work six or fewer hours total and elect in writing to waive the first meal period. SDI Staffing provides a second 30-minute meal period to employees who work more than 10 hours in a workday, unless they work twelve or fewer hours total, did not waive the first meal period, and elect in writing to waive the second meal period. Employees should take their first meal period before the end of the fifth hour of work. Employees should take their second meal period before the end of the tenth hour of work. Meal periods cannot be taken at the beginning or end of shifts. Employees will be relieved of all of their duties during meal periods and are allowed to leave the premises. SDI Staffing provides meal periods according to the following schedule:

Duration of Shift in Hours	# Meal Periods	Comments
0 to ≤ 5.0	0	An employee who does not work more than five hours in a workday is not provided with a meal period.
> 5.0 to ≤ 10.0	1	An employee who works more than five hours in a workday, but who does not work more than ten hours in a workday, is provided with a 30-minute meal period available before the end of the 5th hour of work, unless the employee is working six or fewer hours and elects to waive the first meal period.
> 10.0	2	An employee who works more than ten hours in a workday is provided with a second 30-minute meal period available before the end of the 10th hour of work, unless the employee is working twelve or fewer hours, did not waive the first meal period, and elects to waive the second meal period.

SDI Staffing does not pay non-exempt employees for meal periods, and consequently, non-exempt employees must record the start and stop times of their meal periods on their time sheets.

Any non-exempt employee who is required to work through some or all of a 30-minute meal period, or who is required to take a late meal period (i.e., is required to begin the first meal period after the end of the fifth hour of work or is required to begin a second meal period after the end of the tenth hour of work), should complete a California Meal Period and Rest Break Premium Request Form and submit it to his/her manager by no later than the end of the pay period. Otherwise, SDI Staffing will assume that any nonexempt employee who fails to record a meal period, records a less-than-30-minute meal period, or takes and records a late meal period, did so voluntarily.

Rest Breaks

Non-exempt employees are authorized and permitted to take a 10-minute paid rest break for every four hours worked, or major fraction thereof. SDI Staffing authorizes and permits rest breaks according to the following schedule:

Duration of Shift in Hours	# of 10 Minute Rest Breaks	Comments
0 to ≤ 3.5	0	A non-exempt employee who does not work more than 3.5 hours in a workday is not authorized and permitted to take a rest break.
> 3.5 to ≤ 6.0	1	A non-exempt employee who works more than 3.5 hours in a workday but who does not work more than 6 hours in a workday is authorized and permitted to take one 10-minute rest break.
> 6.0 to ≤ 10.0	2	A non-exempt employee who works more than 6 hours in a workday but who does not work more than 10 hours in a workday is authorized and permitted to take two 10-minute rest breaks.
> 10.0 to ≤ 14.0	3	A non-exempt employee who works more than 10 hours in a workday but who does not work more than 14 hours in a workday is authorized and permitted to take three 10-minute rest breaks.

Whenever practicable, non-exempt employees should take their rest breaks near the middle of each four-hour work period. Non-exempt employees may not accumulate rest breaks or use rest breaks as a basis for starting work late, leaving work early, or extending a meal period.

Non-exempt employees also may not leave work premises during a rest break.
Because rest breaks are paid, non-exempt employees should not clock out for them.

Any non-exempt employee who is not authorized and permitted to take a rest break pursuant to the terms of this Policy should notify SDI Staffing immediately. Otherwise, SDI Staffing will assume the employee either took his/her rest break or voluntarily decided to waive it.

Responsibilities

Non-exempt employees are expected to take their meal periods and rest breaks in accordance with the applicable guidelines set forth in this Policy. Management is expected to make meal periods and rest breaks available to their employees in accordance with this Policy. Supervisors can schedule meal periods and rest breaks for their employees, taking into account their department's operational requirements and employee needs. Supervisors may stagger employees' meal periods so ongoing operational responsibilities are not compromised, so long as the applicable guidelines in this Policy are met.

Supervisors are responsible for administering their department's meal and rest breaks in a fair and uniform manner. Supervisors may not pressure or coerce employees to skip their meal periods or rest breaks.

Discipline

Any employee, supervisor, or manager who fails to observe meal period and rest break policies will be subject to discipline, up to and including termination of employment. Violations of this Policy should be reported to SDI Staffing immediately. Every report will be fully investigated and corrective action will be taken where appropriate.

In addition, SDI Staffing will not allow any form of retaliation against individuals who report alleged violations of this Policy or who cooperate in SDI Staffing's investigation of such reports. Any form of retaliation in violation of this Policy will result in disciplinary action, up to and including termination.

**Acknowledgment of Receipt of
SDI Staffing's Meal Period and Rest Break Policy**

I acknowledge that I have been provided with and understand SDI Staffing's Meal Period and Rest Break Policy, and understand that it is effective immediately. I agree to comply with this Policy.

I acknowledge, understand, and agree that I must notify SDI Staffing immediately if I am required to work through some or all of a timely 30-minute meal period or a 10-minute rest break.

I understand that I may be subject to disciplinary action, up to and including termination of employment, if I violate this Policy.

Employee Name (print)

Employee Signature

Date