



P-877-764-7400 F-855-263-3652

Personal Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Home Phone: () _____ Alternate Phone: () _____

E-mail Address: _____

Social Security #: _____ Birth Date: _____

Emergency Contact: _____

Relationship to you: _____ Emergency Phone #: () _____

Job Information

Position Applying For: _____ **Date Available to Work:** _____

Type Of Employment You Are Interested In? Per Diem? Contract? Permanent?

Type of Work Desired: Hospital Rehab **Hourly Wage Desired:** _____

Clinic (Specify): _____ Other: _____

Days Available to Work: Mon Tues Weds Thurs Fri Sat Sun

What Shift(s) Do You Prefer? 7am-3pm 3pm-11pm 7am-7pm 7pm-7am Other:

Education and Training (Please list all schools attended)

High School Name:		City and State:
Diploma or GED?		Year Completed:
College/Vocational School:		City and State:
Major Emphasis:		Degree Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Year Completed		Level and Type:
Graduate School Name:		City and State:
Major Emphasis:		Degree Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Year Completed		Type:

City	State	Zip	Name of Supervisor
Describe Duties and Specialty Areas:			Telephone No.
Pay Rate/Salary <input type="checkbox"/> Yearly <input type="checkbox"/> Hourly \$_____			Charge Experience: <input type="checkbox"/> Yes <input type="checkbox"/> No How Often? _____
If This Was A Travel Assignment, Name Of Agency			Are your employment records listed under another name?
Reason for Leaving			
May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Why Not?			

References (Please list three people whom you have worked with in a position to evaluate your performance)

Name	Title
Address	Telephone #
Where did you work together?	How long did you work together?
Name	Title
Address	Telephone #
Where did you work together?	How long did you work together?
Name	Title
Address	Telephone #
Where did you work together?	How long did you work together?

Additional Information

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

How were you referred to 3D Medical Staffing, LLC?

Applicant Acknowledgment of Truth

I certify that the information contained with this application is accurate, current and complete. I understand that omissions or misrepresentations of the truth may result in disqualification or may result in termination of employment.

I authorize 3D Medical Staffing, LLC to disclose any information gathered (including criminal background checks, employment history, credentials, references, drug screening, verification of state nursing licenses etc.) for state, federal, contractual or accreditation purposes as well as any performance appraisals, disciplinary records or skill tests. I release 3D Medical Staffing, LLC and any persons or entities providing information to 3D Medical Staffing, LLC from all liability for any damages from the disclosure of this information.

I authorize 3D Medical Staffing, LLC permission to conduct an investigation to obtain information which the company thinks is necessary to determine my qualifications for employment with the company, including but not limited to, my permission to contact any former employer, or any other local, state or federal government agency, any police department, law enforcement agency or organization, or any other local, state or federal government agency, any consumer reporting agency, or any other appropriate source or individual for the purpose of gathering information, personal or otherwise, that such sources may have relating to my character, general reputation or criminal records, and I give my consent to any source to release to the company whatever information they have about me.

I understand and agree that if medical restrictions cannot be reasonably accommodated, I may not be hired, or if hired, employment may be terminated. I also understand that subject to state laws, 3D Medical Staffing, LLC reserves the right to conduct drug screening and testing for reasonable suspicion at any time during employment or pre-employment screening. Any violation of this policy may result in an applicant not being hired or adverse employment action such as immediate termination.

I also understand and agree that nothing contained in this employment application or in conducting an interview creates an employment contract between 3D Medical Staffing, LLC and myself for either employment or for any benefit. No guarantee of employment has been made to me. If employment is offered to me and a relationship is established, I understand that my employment will be termed "at will", and that I may terminate my employment at any time and that 3D Medical Staffing, LLC also has the right to terminate my employment at any time.

I also comprehend and agree to accommodate, upon an employment offer that my work assignments, schedule and locations my change according to the staffing needs of this Company and the Clients of 3D Medical Staffing, LLC.

3D Medical Staffing, LLC reserves the right to change this policy at anytime as it requires.

Applicant's Signature

Date

Equal Opportunity Employer

3D Medical Staffing, LLC is an Equal Opportunity Employer. This agency adheres to an equal opportunity policy for all people seeking admission as client or seeking employment and for all persons employed by this agency. 3D Medical Staffing, LLC does not discriminate because of age, color, religion, military status, marital status, gender preference, sex, national origin or disability pursuant to the Civil Rights Act of 1964, the Rehabilitation Act of 1973 and the Age Discrimination Act of 1975.



Consent to Request Consumer Report & Investigative Consumer Report Information

Applicant's First Name or Initial Last Name

I understand that 3D Medical Staffing, LLC ("COMPANY") will use Sterling Infosystems Inc., 1 State Street, New York, NY 10004, (877) 424-2457 to obtain a consumer report and/or investigative consumer report ("Report") for employment purposes.

I understand Sterling Infosystems Inc.'s ("STERLING") investigation may include obtaining information regarding my background, lawsuits, judgments, character, general reputation, personal characteristics and standard of living, driving record and criminal record, subject to any limitations imposed by applicable federal and state law.

The nature and scope of the investigation sought is indicated by the selected services below: (Employer Use Only)

- Checkboxes for services: Criminal Background Check, Education Verification, Sex Offender Search, SSN Trace/Address Locator, Employment Verification, OFAC/Terrorist Watch List, Motor Vehicle Report, Personal Reference Verification, Fraud & Abuse Control Info System (FACIS®), Employment Credit Report, Professional License/Certification, Office of Inspector General Sanctions (OIG)

Other Please List:

I acknowledge receipt of the attached summary of my rights under the Fair Credit Reporting Act and, as required by law, any related state summary of rights (collectively "Summaries of Rights").

This consent will not affect my ability to question or dispute the accuracy of any information contained in a Report. I understand if COMPANY makes a conditional decision to disqualify me based all or in part on my Report, I will be provided with a copy of the Report and another copy of the Summaries of Rights, and if I disagree with the accuracy of the purported disqualifying information in the Report, I must notify COMPANY within five business days of my receipt of the Report that I am challenging the accuracy of such information with STERLING.

I hereby consent to this investigation and authorize COMPANY to procure a Report on my background.

In order to verify my identity for the purposes of Report preparation, I am voluntarily releasing my date of birth, social security number and the other information and fully understand that all employment decisions are based on legitimate non-discriminatory reasons.

The name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries regarding the investigative consumer report is:

Sterling Infosystems, Inc. | 1 State Street, 24th Floor, New York, NY 10004 | 877-424-2457 | or | 5750 West Oaks Boulevard, Ste. 100 Rocklin, CA 95765 | 800-943-2589 | or | 6111 Oak Tree Boulevard, Independence, OH 44131 | 800-853-3228

California, Maine, Massachusetts, Minnesota, New Jersey & Oklahoma Applicants Only: I have the right to request a copy of any Report obtained by COMPANY from STERLING by checking the box. (Check only if you wish to receive a copy)

California, Colorado, Connecticut, Maryland, Oregon, Vermont and Washington State Applicants Only (AS APPLICABLE): I further understand that COMPANY will not obtain information about my credit history, credit worthiness, credit standing, or credit capacity unless: (i) the information is required by law; (ii) I am seeking employment with a financial institution (California, Colorado, Connecticut and Vermont only - in California the financial institution must be subject to Sections 6801-6809 of the U.S. Code and in Vermont it must be a financial institution as defined in 8 V.S.A. § 11101(32) or a credit union as defined in 8 V.S.A. §

30101(5)); (iii) I am seeking employment with a financial institution that accepts deposits that are insured by a federal agency, or an affiliate or subsidiary of the financial institution or a credit union share guaranty corporation that is approved by the Maryland Commissioner of Financial Regulation or an entity or an affiliate of the entity that is registered as an investment advisor with the United States Securities and Exchange Commission (Maryland only); (iv) I am seeking employment in a position which involves access to confidential financial information (Vermont only); (v) I am seeking employment in a position which requires a financial fiduciary responsibility to the employer or a client of the employer, including the authority to issue payments, collect debts, transfer money, or enter into contracts (Vermont only); (vi) COMPANY can demonstrate that the information is a valid and reliable predictor of employee performance in the specific position being sought or held; (vii) I am seeking employment in a position that involves access to an employer's payroll information (Vermont only); (viii) **the information is substantially job related, and the bona fide reasons for using the information are disclosed to me in writing, (complete the question below)** (Colorado, Connecticut, Maryland, Oregon and Washington only); (ix) I am seeking employment as a covered law enforcement officer, emergency medical personnel, firefighter police officer, peace officer or other law enforcement position (California, Oregon and Vermont only - in Oregon the police or peace officer position must be sought with a federally insured bank or credit union and in Vermont the law enforcement officer position must be as defined in 20 V.S.A. § 2358, the emergency medical personnel must be as defined in 24 V.S.A. § 2651(6), and the firefighter position must be as defined in 20 V.S.A. § 3151(3)); (x) the COMPANY reasonably believes I have engaged in specific activity that constitutes a violation of law related to my employment (Connecticut only); (xi) I am seeking a position with the state Department of Justice (California only); (xii) I am seeking a position as an exempt managerial employee (California only); and/or (xiii) I am seeking employment in a position (other than regular solicitation of credit card applications at a retail establishment) that involves regular access to all of the following personal information of any one person: bank or credit card account information, social security number, and date of birth,, I am seeking employment in a position that requires me to be a named signatory on the employer's bank or credit card or otherwise authorized to enter into financial contracts on behalf of the employer, I am seeking employment in a position that involves access to confidential or proprietary information of the Company or regular access to \$10,000 or more in cash (California only).

NY Applicants Only: I also acknowledge that I have received the attached copy of Article 23A of New York's Correction Law. I further understand that I may request a copy of any investigative consumer report by contacting STERLING. I further understand that I will be advised if any further checks are requested and provided the name and address of the consumer reporting agency.

California Applicants and Residents: If I am applying for employment in California or reside in California, I understand I have the right to visually inspect the files concerning me maintained by an investigative consumer reporting agency during normal business hours and upon reasonable notice. The inspection can be done in person, and, if I appear in person and furnish proper identification; I am entitled to a copy of the file for a fee not to exceed the actual costs of duplication. I am entitled to be accompanied by one person of my choosing, who shall furnish reasonable identification. The inspection can also be done via certified mail if I make a written request, with proper identification, for copies to be sent to a specified addressee. I can also request a summary of the information to be provided by telephone if I make a written request, with proper identification for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or directly charged to me. I further understand that the investigative consumer reporting agency shall provide trained personnel to explain to me any of the information furnished to me; I shall receive from the investigative consumer reporting agency a written explanation of any coded information contained in files maintained on me. "Proper identification" as used in this paragraph means information generally deemed sufficient to identify a person, including documents such as a valid driver's license, social security account number, military identification card and credit cards. I understand that I can access the following website <http://sterlinginfosystems.com/privacy> to view STERLING'S privacy practices, including information with respect to STERLING'S preparation and processing of investigative consumer reports and guidance as to whether my personal information will be sent outside the United States or its territories.

Washington State applicants or employees 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.

Signature:

Today's Date:



First Name

Middle Name or Initial

Last Name

Date of Birth (MMDDYYYY)

Other Names Known By

Male

Female

Social Security Number

Primary Telephone Number

Current Address

Apt #

#yrs at this address

City

State

Zip Code

Previous Address

Apt #

#yrs at this address

City

State

Zip Code

Previous Address

Apt #

#yrs at this address

City

State

Zip Code

Driver's License Number

License State

License Expiration

Email Address

Signature

Today's Date (MMDDYYYY)

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
 - **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
 - **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
 - **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
 - **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
 - **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
 - **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
 - **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
 - **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore
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States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.	a. Consumer Financial Protection Bureau 1700 G Street NW Washington, DC 20552
b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above:	
a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050
b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act	b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480
c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations	c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106
d. Federal Credit Unions	d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, SE Washington, DC 20590
4. Creditors Subject to Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street S.W. Washington, DC 20423
5. Creditors Subject to Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, SW, 8th Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F St NE Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357

Standards and Practices for 3D Medical Staffing LLC

Welcome to 3D Medical Staffing, LLC .We thank you for choosing us to represent you for supplemental staffing assignments. As a member of our staff your Suggestions to us for improvement are always welcomed and valued. We take Pride in each and every one of our employees. We take pride in our commitment to provide competent, caring quality care. The following is our commitment to our clients and describes the expectations of performance when you are working for 3D Medical Staffing, LLC.

1. You will call our office every Monday morning and give the staffing coordinator your available time that you make work for that week. If you don't want to work you will call us and just keep us informed of your status for that week. You are in charge of your schedule .We need this in order to confirm with our clients if you would be available to work that week, we get many special requests for our staff. If your availability changes please call us. We are happy to remove you from our list for that week.
2. You must sign in and out on your time card. You cannot sign in earlier then 7 minutes for your shift. This is your time sheet from which we will pay you and the time that the facility has, and what YOU HAVE RECORDED ON YOUR TIME CARD MUST MATCH. All overtime must be pre- approved *by the facility or we cannot pay this to you.* Record *all time out of the facility* (i.e. lunch etc). You are paid based on a 40 hour work week. The pay period runs Sunday through Saturday with checks paid every Friday. Time cards need to be turned in by 12pm on Mondays to ensure timely pay.
3. The clients MUST sign your timecards. If you do not get these signed we cannot pay you. The client will not pay us unless we can certify that you worked the shift indicated on your time card. Their signature represents this.
4. You must report to work 15 minutes prior to your scheduled shift. Check in *with the staffing coordinator for the facility or with the charge nurse, this will be told to you when you are assigned the shift. We expect that you are going to be on time for all shifts and do a great job for 3D Medical Staffing.*
5. Frequent cancellations and any no call, no shows will be grounds for termination by 3D Medical Staffing, LLC. You are representing us when you are an employee of 3D Medical Staffing, LLC. When this occurs you cast us all in a negative impression with the clients.
6. Please turn off your cell phone and pagers and any text devices when you are working. We understand that if you have children this may be a problem we then ask that you keep contact to emergency basis only.

7. If you have a problem when you are working a shift please know that we are Available for you to call us at 877-764-7400 after hours. We want to resolve issues that arise before they become a problem at the facility. Make sure that you contact us. Don't take the issue to the facility to solve.

8. Do not accept gifts, money or anything of value from a client or family members when you are working at the facility.

9. Late Calls- When the facility places a late order for staff we will be *contacting you for these shifts as well. If you accept the shift we will with best effort get the clients to pay you for the entire shift if you arrive within 1 hour of us contacting you.*

10. Always wear your ID Badge. This is required by all of our clients

11. Bring your own stethoscope, pen, lab coats, etc to work with you may need them during your shift and the facility will not have one available for you to use.

12. Dress code is as follows-

A. You must be neat & clean. Hair washed & neat

B. Clean uniform (Scrubs) including socks or hosiery.

C. Nails must be neat & clean. Artificial nails are prohibited.

D. Limited Jewelry. No excess body piercing showing.

13. *Employees will call 24 hours to reports to us if any injury occurs at the facility where they are working so that we may take the appropriate action needed.*

14. When you work a holiday shift please verify that the facility has this as a holiday. They do not always. Never assume.

15. We will pay you 2 hours of pay as show up time if your shift is cancelled less than 2 hours prior to your shift unless the facility has something different in their contract. Also we will deduct 2hrs of pay from your check if you cancel less than 2 hours prior to your scheduled shift. Please ask the staffing coordinator when you are cancelled.

16. Facilities sometimes request copies of your certifications. We need by contract to comply with this request. You by signing below understand and give us permission to do so.

I have read the above policies and agree to abide by all of these policies and procedures. When I am working for 3D Medical Staffing, LLC I will be covered by Workman's compensation and Liability insurance paid for by 3D Medical Staffing LLC. When I am working at the facilities contracted by my agency I represent 3D Medical Staffing, LLC. I will with all best efforts do my best to always Represent 3 D Medical Staffing, LLC, to give the clients a positive reflection of our company.

Employee signature _____ Date: _____



Confidentiality Statement

I _____ understand and acknowledge that:

I must hold confidential and private all information pertaining to patients, patient records, client facilities policies, and procedures.

All protected patient information shall be kept safeguarded pursuant to the policies and procedures at each facility, respectively and in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the regulations issued there under, and any applicable state law to prevent impermissible disclosure, loss or misuse, and to ensure that only authorized persons have access to such protected information.

I will consult the Facility Privacy Officer in the event I have any questions regarding the scope or application of the privacy policies described in this statement.

Private and confidential information will only be released to an outside party when legally required to do so and to the extent minimally to respond to the request.

Failure to maintain confidentiality and privacy may lead to disciplinary action up to and including termination as well as any actions designated by the appropriate disciplinary and/or credentialing board.

I understand that any breach of confidentiality may be grounds for immediate termination of employment as well as any appropriate legal actions.

Employee Signature: _____

Date: _____

Employee Printed

Name: _____

HEPATITIS B VACCINATION STATUS

Name: _____ Classification: _____

The Hepatitis B Vaccination will **be** made available to all health care personnel after personnel have received the required training, within 10 working days of initial assignment and to all who have occupational exposure, unless the health care personnel are exempted from having the Hepatitis B Vaccination series for any of the following reasons:

(Check one **and** attach supporting documentation and/or physician's statements)

- Antibody testing indicates me to be immune
- The vaccine cannot be given for medical reasons
- I have received the complete Hepatitis B Vaccination series previously
- I would like the Hepatitis B Vaccination
- I am currently receiving the Hepatitis Vaccination

Employee

Date

DECLINATION STATEMENT

I decline the Hepatitis B Vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. I understand that due to my occupational exposure to blood and other potentially infectious materials, I may be at a higher risk of acquiring Hepatitis B. However, if in the future I continue to have occupational exposure to blood or other potentially infectious materials and want to be vaccinated with the Hepatitis B Vaccine, I will receive the Vaccination series at that time.

Employee

Date



**UNLAWFUL HARASSMENT/SEXUAL HARASSMENT POLICY
ACKNOWLEDGEMENT FORM**

The Company has always been committed to providing a work environment that is free of unlawful harassment. While demeaning or degrading actions, words, jokes or comments *of* any kind based upon an individual's gender, race, ethnicity, age, religion or disability will not be tolerated, this statement of policy is addressed particularly to the issue *of* sexual harassment and what activities constitute sexual harassment.

Sexual harassment includes any unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature where tolerance *of* such actions is made a condition of employment, interferes with an individual's *work* performance or simply creates an intimidating, hostile work environment.

The creation of a hostile or offensive working environment may include such actions as persistent sexual comments or the display of obscene or sexually oriented photographs or drawings. Sexual harassment does not refer to occasional compliments of a socially acceptable nature. It refers to behavior that is not welcome, is personally offensive and interferes with an individual's work effectiveness.

It is illegal and against Company policy for any employee, male or female, to sexually harass another employee or to create a hostile working environment by either committing or encouraging:

- Physical assaults on another employee;
- Intentional physical conduct that is sexual in nature, including but not limited to touching, pinching, patting or brushing up against another employee's body;
- Unwanted sexual advances, propositions or comments, including sexual gestures, jokes or comments made in the presence of any employee; or
- Posting or displaying pictures, posters, calendars, graffiti, objects or other material that are sexual in nature or pornographic.

Any employee who believes that he or she is or has been the subject of sexual harassment or any other form of harassment is encouraged to report the harassment to his/her supervisor immediately.

Complaints will be thoroughly investigated by the Human Resources Department. As much as possible, confidentiality will be maintained and only those *who* need to know about such a complaint will be advised of its existence. However complete anonymity may need to give way to the Company's obligation to interview witnesses and take appropriate action.

The Company assumes that anyone bringing a harassment complaint does so in good faith.

By signing this form, I acknowledge that:

- I have viewed 3D Medical Staffing, LLC Sexual Harassment Training in the written version.
- I have read and understand the Unlawful Harassment/Sexual Harassment Policy above.

Signature: _____

Date: _____ 

Name: _____
(Please Print)



Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize **3D Medical Staffing, LLC** to initiate automatic deposits to my account at the financial institution named below. I also authorize **3D Medical Staffing, LLC** to make withdrawals from this account in the event that a credit entry is made in error. Further, I agree not to hold **3D Medical Staffing, LLC** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account. This agreement will remain in effect until **3D Medical Staffing, LLC** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking Savings

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Please attach a voided check or deposit slip and return this form to the Payroll Department.