

Drug Screening Test

Policy

All new employees will be hired subject to passing a drug test prior to the date of employment. Any applicant who tests positive for illegal use of drugs will not be hired. Any applicant who refuses to submit to a drug test or who interferes with the test will not be hired.

An applicant, who has received a tentative job commitment from Kudzu Staffing Inc, will have the opportunity, prior to testing, to list all prescriptions and non-prescription drugs used and their purpose during the last 30 days.

Kudzu Staffing will administer a 5 panel test. This test will look for the following drugs:

• Cocaine	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
• Amphetamine	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
• Methamphetamine	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
• Marijuana	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
• Opiates	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>

Kudzu Staffing will administer a hair follicle test, if required for the potential position. This test will be sent off to a lab for review. The lab report determined a:

Pass ☐ Fail ☐

Consent Form

AS AN APPLICANT FOR A POSITION OF EMPLOYMENT WITH KUDZU STAFFING, I HEREBY CONSENT TO A TEST FOR THE PRESENCE OF ILLEGALLY USED SUBSTANCES IN MY BODY. I UNDERSTAND THAT SHOULD THE PRESENCE OF ANY ILLEGALLY USED SUBSTANCE BE DETECTED AND CONFIRMED, I WILL NOT BE HIRED. I AGREE TO TAKE A POST ACCIDENT AND ANY RANDOM DRUG SCREENS. I UNDERSTAND THAT FAILING A POST ACCIDENT OR RANDOM DRUG SCREEN WILL RESULT IN IMMEDIATE TERMINATION.

I ALSO UNDERSTAND THAT SHOULD I REFUSE TO BE TESTED IN ACCORDANCE WITH THE ABOVE POLICY OR IF I INTERFERE WITH THE TEST I WILL NOT BE HIRED.

I ALSO CONSENT TO THE RELEASE OF THESE TEST RESULTS TO A DESIGNATED COMPANY OFFICAL, AND AGREE TO HOLD KUDZU STAFFING HARMLESS FROM ANY SUCH RELEASES PROVIDED FOR HEREBY.

APPLICANT SIGNATURE

PRINT NAME

WITNESS SIGNATURE

DATE



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

▶ **START HERE:** Read Instructions carefully before completing this form. The Instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ 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 Last 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		Employee's E-mail Address		Employee's 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 boxes):

<input type="checkbox"/> 1. A citizen of the United States	QR Code - Section 1 Do Not Write In This Space
<input type="checkbox"/> 2. A noncitizen national of the United States (<i>See Instructions</i>)	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (<i>See Instructions</i>)	
<i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i>	
1. Alien Registration Number/USCIS Number: _____ OR	
2. Form I-94 Admission Number: _____ OR	
3. Foreign Passport Number: _____ Country of Issuance: _____	

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's 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





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

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 a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity 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>Additional Information</div> <div>QR Code - Sections 2 & 3 Do Not Write In This Space</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		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative	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)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing 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	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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Employee's Withholding Certificate

OMB No. 1545-0074

2020

▶ Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

▶ Give Form W-4 to your employer.

▶ Your withholding is subject to review by the IRS.

Step 1:**Enter
Personal
Information**

(a) First name and middle initial	Last name	(b) Social security number
Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly (or Qualifying widow(er)) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

Step 2:**Multiple Jobs
or Spouse
Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do only one of the following.

- (a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4); or
 (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or
 (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶ ☐

TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3:**Claim
Dependents**

If your income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$

Multiply the number of other dependents by \$500 ▶ \$

Add the amounts above and enter the total here **3** \$

**Step 4
(optional):****Other
Adjustments**

(a) **Other income (not from jobs).** If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income **4(a)** \$

(b) **Deductions.** If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here **4(b)** \$

(c) **Extra withholding.** Enter any additional tax you want withheld each pay period **4(c)** \$

Step 5:**Sign
Here**

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

▶ **Employee's signature** (This form is not valid unless you sign it.)

▶ **Date**

**Employers
Only**

Employer's name and address

Kudzu Staffing
108 Clair Dr
Piedmont, SC 29673

First date of
employment

Employer identification
number (EIN)

43-2101960

1350

dor.sc.gov



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

**SOUTH CAROLINA EMPLOYEE'S
WITHHOLDING ALLOWANCE CERTIFICATE**

SC W-4
(Rev. 12/13/19)
3527
2020

Give this form to your employer. Keep the worksheets for your records. The SCDOR may review any allowances and exemptions claimed. Your employer may be required to send a copy of this form to the SCDOR.

1 Your first name and middle initial		Last name		2 Your Social Security Number	
Home address (number and street or rural route)			3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If Married filing separately, check "Married, but withhold at higher Single rate."		
City or town, state, and ZIP code			4 If your last name is different on your Social Security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>		
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)					5
6 Additional amount, if any, you want withheld from each paycheck					6 \$
7 I claim exemption from withholding for 2020. Check the box for the exemption reason and write "exempt" on line 7. <input type="checkbox"/> For tax year 2019, I had a right to a refund of all South Carolina Income Tax withheld because I had no tax liability, and for tax year 2020 I expect a refund of all South Carolina Income Tax withheld because I expect to have no tax liability. <input type="checkbox"/> I elect to use the same residence for tax purposes as my military servicemember spouse. I have provided my employer with a copy of my current military ID card and a copy of my spouse's latest Leave and Earning Statement. State of domicile:					7
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (required) ▶				Date ▶	
Employer: Complete boxes 8 and 10 if sending to the SCDOR and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.					
8 Employer's name and address Kudzu Staffing 108 Clair Dr Piedmont, SC 29673			9 First date of employment		10 Employer identification number (EIN) 43-2101960

SC W-4 Instructions

Complete SC W-4 so that your employer can withhold the correct South Carolina Income Tax from your pay. If you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Determine the number of withholding allowances you should claim for withholding for 2020 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Consider completing a new SC W-4 each year and when your personal or financial situation changes to keep your withholding accurate and help you avoid surprises when you file your South Carolina Individual Income Tax return.

For the latest information about South Carolina Withholding Tax and the SC W-4, visit dor.sc.gov/withholding.

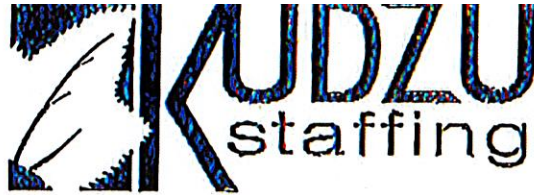
Exemptions. You may claim exemption from South Carolina withholding for 2020 for one of the following reasons:

- For tax year 2019, you had a right to a refund of all South Carolina Income Tax withheld because you had no tax liability, and for tax year 2020 you expect a refund of all South Carolina Income Tax withheld because you expect to have no tax liability.
- Under the Servicemembers Civil Relief Act, you are claiming the same residence for tax purposes as your military servicemember spouse. You are only in South Carolina, or a bordering state, to be with your military spouse who is serving in the state in compliance with military orders. Provide your employer with a copy of your current military ID card and a copy of your spouse's latest Leave and Earnings Statement (LES). The military ID card must have been issued within the last four years. The assignment location on the LES must be in South Carolina or a bordering state. Enter your spouse's state of domicile on the line provided.

If you're exempt, complete only lines 1, 2, 3, 4, and 7. Check the box for the reason you are claiming an exemption and write "exempt" on line 7. Your exemption for 2020 expires February 17, 2021. If you are a military spouse and you no longer qualify for the exemption, you have 10 days to update your SC W-4 with your employer.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, you may want to add additional withholdings on Line 6 to ensure you are withholding enough. Each employer will require an SC W-4.

Nonwage income. If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using SC 1040ES, Individual Declaration of Estimated Tax, or you can add additional withholding from this job's wages on Line 6. Otherwise, you may owe additional tax.



Fax to: (864) 295-1210

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize Kudzu Staffing, Inc. to initiate automatic deposits to my account at the financial institution named below. I also authorize Kudzu Staffing, Inc. to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Kudzu Staffing, Inc. 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 Kudzu Staffing, Inc. 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: _____

Employee Name (please print): _____

Last 4 digits of SSN: _____

Checking ☐

Savings ☐

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (If Joint): _____ Date: _____

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

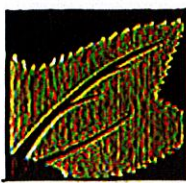
*Note: Your account number is not the same number as on your debit card.

FAX: 864-295-1210

e-mail: payroll@kudzustaffing.com

mail: PO Box 51627 Piedmont, SC 29673

Go Green.  Go Paperless.



AUTHORIZATION TO RELEASE BACKGROUND AND REFERENCE INFORMATION

Applicant Name: (First, Middle, Last)			
Maiden Name:		Date of Birth:	
Address: (As seen on Driver's License)		Social Security Number:	

I request and authorize Kudzu Staffing, Inc. to release any and all background and reference information of the applicant named above to any Kudzu Staffing, Inc. client that may be utilizing services from Kudzu. I release Kudzu Staffing, Inc. and their clients from all liability pertaining to background and reference check information. I also release and authorize the said background forms and reference checks to be mailed, emailed or faxed and release Kudzu Staffing, Inc. and their clients from all liability due to the release of this information.

☐ Yes ☐ No I authorize the release of any criminal background check information, personal reference checks.

**Applicant
Signature:**

**Date
Signed:**

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I understand that nothing in this application is a contract or offer of employment. I understand that if employed I will be an at-will employee as it relates to 41-1-110 of the SC Code. Kudzu Staffing, Inc. or I may terminate employment at any time for any reason. No Kudzu Staffing, Inc. representative can verbally or written by policy or practice change my at-will employment.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

I, (print your full name), understand and agree to have a deduction of \$25.00 withdrawn from my first check for this service.

Applicant Signature

A Motor Vehicle Report (MVR) is required by certain clients for all new employees. If you cannot provide a MVR, please sign below to give us permission to pull one for you.

I, (print full name), understand and agree to have a MVR pulled for me and to have a deduction of \$12.00 withdrawn from my first check for this service.

Applicant Signature

Terms of Employment Notice

Name of Employee	Social Security Number
Address	
In compliance with §41-10-30 of the S.C. Code of Laws, 1976, as amended, you are hereby notified of the terms of employment:	
<input type="checkbox"/> full-time <input type="checkbox"/> part-time <input type="checkbox"/> seasonal	
1. Normal hours of work (i.e., number or range of hours) per week, day, other, etc. <u>40+</u>	
2. Rate of pay: Wages \$ _____ Salary \$ _____ Commissions _____ % Other _____ Bonuses: _____ Expenses: _____	
3. Payday is: Weekly <input checked="" type="checkbox"/> Bi-weekly _____ Monthly _____ Other _____ Place of payment is Kudzru _____ Time of payment is 12:00 P.M. _____ Day of payment is Friday _____	
4. Deductions to be made from wages such as, but not limited to, insurance deductions, State requirements concerning withholdings may not be the same as federal requirements. _____	
Any changes in these terms shall be made in writing and at least seven calendar days before they become effective. _____	
Additional Terms	
The following terms may be provided at the discretion of the employer in accordance with individual company policy.	
5. Vacation policy is: See policies _____	
6. Paid holidays are: See policies _____	
7. Sick leave policy is: See policies _____	
8. Other: _____	
Employee signature _____	Company: _____
_____	Address: _____
_____	Telephone: _____

For further information, contact:
S.C. Department of Labor, Licensing and Regulation
Office of Wages and Child Labor
PO Box 11329
Columbia, S.C. 29211
(803) 734-9509

Home Phone: _____

Cell Phone: _____



SOUTH CAROLINA PAYMENT OF WAGES LAW

I. DEFINITIONS

§41-10-10. As used in this chapter "Employer" means every person, firm, partnership, association, corporation, receiver, or other officer of a court of this State, the State or any political subdivision thereof, and any agent or officer of the above classes employing any person in this State.

"Wages" means all amounts at which labor rendered is recompensed, whether the amount is fixed or ascertained on a time, task, piece, or commission basis, or other method of calculating the amount and includes vacation, holiday and sick leave payments which are due to an employee under any employer policy or employment contract. Funds placed in pension plans or profit sharing plans are not wages subject to this chapter.

II. RECORDKEEPING REQUIREMENTS

§41-10-20. This chapter applies to all employers in South Carolina except that §41-10-30 does not apply to:

- (1) Employers of domestic labor in private homes.
- (2) Employers employing fewer than five employees at all times during the preceding twelve months.

§41-10-30. (A) Every employer shall notify each employee in writing at the time of hiring of the normal hours and wages agreed upon, the time and place of payment, and the deductions which will be made from the wages, including payments to insurance programs. The employer has the option of giving written notification by posting the terms conspicuously at or near the place of work. Any changes in these terms must be made in writing at least seven calendar days before they become effective. This section does not apply to wage increases.

(B) Every employer shall keep records of names and addresses of all employees and of wages paid each payday and deductions made for three years.

(C) Every employer shall furnish each employee with an itemized statement showing his gross pay and the deductions made from his wages for each pay period.



Benefit, Employment, & Safety Policies

I have reviewed a copy of the benefit, employment, and safety policies of Kudzu Staffing, Inc. which outline the employee benefits, harassment policies, workplace safety, and employee responsibilities to the organization.

I have reviewed and understand the Alcohol & Substance abuse policy of Kudzu Staffing, Inc. I understand that if I feel I need assistance with an Alcohol or Substance abuse problem I can contact Kudzu Staffing, Inc. for assistance with any programs that are available for treatment. I also understand that if I test positive for any illegal substance while employed with Kudzu Staffing, it is grounds for immediate termination.

I understand that if my assignment ends for any reason that I will inform Kudzu Staffing, Inc. immediately upon completion. I understand that upon completion of my assignment I must maintain on-going weekly contact with Kudzu Staffing, and that the failure to do so may result in disqualification of unemployment benefits. In addition, if work becomes available for a former employee after the completion of an assignment and Kudzu presents the employee with a "bona fide offer of work" and the employee refuses the offer of work, the employee may be considered ineligible for further benefits.

I have read and understand Kudzu Staffing's attendance policies. I understand that if I am absent or tardy whether excused or unexcused (3) three or more days in a 90 day period, I could be subject to immediate termination. I also understand that the failure to call in when I will be tardy or absent from work is grounds for termination. I understand that if I fail to give notice prior to an absence or fail to give 24 hour notice of resignation to Kudzu Staffing, that my hourly rate will be reduced to minimum wage for the entire payroll period in which I failed to give notice.

I, [REDACTED] (Full Name), agree to provide Kudzu Staffing, Inc., with a notice of absence or resignation at least three days before my last intended work day.

I have read Kudzu Staffing's benefits and health insurance memo and understand my eligibility and requirements set forth by Kudzu Staffing, Inc.

Kudzu Staffing is an Equal Employment Opportunity Employer as stated in the policies manual. The Discrimination/Harassment programs have also been reviewed and explained to me.

Since these policies are subject to change it is understood that this is not an employment contract or offer of work. Changes may be made with or without advance notice.

Employee Signature

Home Phone

Date

Cell Phone

Kudzu Staffing Representative Signature



Kudzu Employee Manual Sign-Off Form

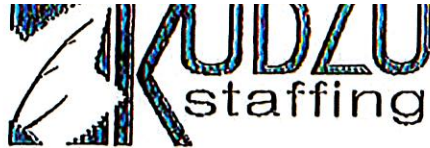
All outside employees of either Kudzu Staffing or Kudzu Medical must sign and return a copy of this memo to a Kudzu representative prior to starting work. The signed memo will be placed in the employee's personnel file and will serve as a record of acknowledgement of the following:

1. I acknowledge that a copy of the Kudzu Employee Manual has been made available to me for reading prior to my starting work with either Kudzu Staffing or Kudzu Medical. I have also been informed that a copy of the manual is always available for review at both the Kudzu Staffing and Kudzu Medical offices.
2. I understand that the manual contains important information concerning employment at Kudzu, and agree to read the entire Employee Manual prior to starting work. I agree to abide by all policies and procedures contained within the Employee Manual. If I have any questions, I will speak with my recruiter or a representative from Human Resources.
3. I understand and agree that both Kudzu and I are free to terminate my employment at any time, with or without cause or advance notice. I understand that this policy will not change without my being notified and required to sign off on my understanding.
4. I understand that the contents of the Employee Manual are subject to changes in existing and applicable state and federal laws and regulations as well as changes by Kudzu Management.

Employee's Name-Printed: _____

Employee's Name- Signed: _____

Date: _____



Employee Safety Handbook

Employee Acknowledgement Form

Everyone at Kudzu Staffing must be involved and committed to safety. This must be a team effort. Together, we can prevent accidents and injuries and keep each other safe and healthy in the work that provides our livelihood.

By signing this document, I confirm the receipt of Kudzu Staffing's employee safety handbook. I have read and understood all policies, programs, and actions as described, and agree to comply with these set policies.

Employee's Signature

Date

Kudzu Representative Signature

Date



WAGE DEDUCTION AUTHORIZATION AGREEMENT

(Initial) _____ I choose to purchase what is checked from the list below, from Kudzu Staffing, Inc. and hereby authorize them to withhold the appropriated amount of \$_____ from my first paycheck as a Kudzu employee. This deduction will cover the expense of the mandatory requirements needed to perform my job duties in a safe and qualified manner. If I do not stay on the job long enough to pay back this amount, I will either a) return the item to Kudzu Staffing or b) the remainder balance will be taken out of my final pay check.

(Initial) _____ I understand that this is an *option* provided to me as a Kudzu employee and I am not required to purchase these items from Kudzu Staffing, Inc. At this time, I elect *not* to purchase these items from Kudzu Staffing, Inc. and understand that it is mandatory that I obtain these items/requirements on my own accord, before starting work as a Kudzu employee.

Please check all that apply

☐ Safety Glasses - \$5.00

☐ Hard Hat - \$15.00

☐ Work Gloves - \$5.00

☐ Safety Vest - \$10.00

Applies to CDL Drivers ONLY:

☐ Breath & Alcohol Test - \$25.00

☐ DOT Physical - \$75.00

☐ DOT Drug Screen - \$50.00

☐ MVR - \$10.00

Signature of Employee

Date

Employee's Name - Printed

Company Representative

Date



Our company participates in the Work Opportunity Tax Credit Program. Your responses to the following questions will be confidential and used only to assist us in complying with the requirements of this program. Your answers will not affect your employment or any benefits you may be receiving.

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____

Zip: _____ Phone: _____ SSN: _____

Job Title: _____ Pay Rate: _____ Date Applied: _____

Please read each statement below and check YES to any statement that applies to you:

#	Question	Yes	No
1	Have you worked for this employer before?	<input type="checkbox"/>	<input type="checkbox"/>
2	Have you, or any immediate member of your family, EVER received Temporary Assistance to Needy Families (TANF, Welfare)?	<input type="checkbox"/>	<input type="checkbox"/>
3	Have you, or a member of your family, received Supplemental Nutrition Assistance Program (SNAP) benefits (FOOD STAMPS) ANYTIME over the last 6 months?	<input type="checkbox"/>	<input type="checkbox"/>
4	Have you been UNEMPLOYED the last 6 months and at ANYTIME received unemployment compensation?	<input type="checkbox"/>	<input type="checkbox"/>
5	I personally received Supplemental Security Income (SSI) or (SSDI) Supplemental Security Disability Income anytime during the last 2 months.	<input type="checkbox"/>	<input type="checkbox"/>
6	I participated in a rehab program approved by the state, the Ticket to Work program, or the Department of Veterans Affairs.	<input type="checkbox"/>	<input type="checkbox"/>
7	I am a Veteran of the United States Armed Forces.	<input type="checkbox"/>	<input type="checkbox"/>
8	I am a Veteran who received Supplemental Nutrition Assistance Program (SNAP) benefits (FOOD STAMPS) ANYTIME over the last 6 months.	<input type="checkbox"/>	<input type="checkbox"/>
9	I am a Veteran who was unemployed for more than 4 weeks, but less than 6 months, during the past year.	<input type="checkbox"/>	<input type="checkbox"/>
10	I am a Veteran who was unemployed for more than 6 months during the past year.	<input type="checkbox"/>	<input type="checkbox"/>
11	I am a Veteran discharged from active duty within the last 12 months and entitled to compensation for a service connected disability.	<input type="checkbox"/>	<input type="checkbox"/>
12	I am a Veteran receiving compensation for a service connected disability who was unemployed for at least 6 months during the last 12 months.	<input type="checkbox"/>	<input type="checkbox"/>
13	During the last 12 months, I was convicted of a felony or released from prison for a felony.	<input type="checkbox"/>	<input type="checkbox"/>

Under penalties of perjury, I declare the above information is, to the best of my knowledge, true, correct, and complete. I agree that I am voluntarily providing the information on this form and it is not a condition of employment my signature authorizes release of information to the appropriate government agency, such as Motor Vehicles, Unemployment Insurance or Veterans, to verify my eligibility under WOTC. Our company utilizes a third party named Tax Credit Management, LLC located in Dubuque, Iowa to process this form required for the WOTC program. By signing below, you agree to allow Tax Credit Management, LLC to process your WOTC form on behalf of our company.

Signature: _____ Date: _____

Printed Name: _____



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Welcome to Kudzu Staffing! We are pleased to have you as an employee and look forward to a long working relationship.

As an employee of Kudzu Staffing you have the opportunity to receive benefits. The following charts indicate the benefits available to you as a Kudzu employee.

HOLIDAY POLICY:

*Eligibility begins after **6 months** of consecutive service.

If the employee is laid off and eligible for unemployment during the week of the holiday, the holiday will not be paid.

If the employee does not work the week of the holiday due to a temporary holiday shut down, the holiday will be paid.

Holidays include:

New Years Day

July 4th

Labor Day

Thanksgiving Day

Christmas Day

VACATION TIME:

*Eligibility begins after **1500 hours** of consecutive service.

Vacation Pay: One Week/40 hours – to be paid out in a lump sum – cannot be broken out into separate days



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KUDZU'S GREEN INITIATIVE

Dear Employee:

We are pleased to announce "ATS PrintFreedom™" as an online Pay Stub (Direct Deposit only) service for all Employees. Please take a few minutes to take advantage of this exciting service!

This service is a great benefit for all of us. It will allow you to access your Pay Stub at any time (24 hours a day/ 7 days a week). You will no longer need to wait to get your Pay Stub via mail. Instead, you can access them much earlier and whenever you want via the Internet or by text message. By receiving your electronic pay stub electronically or by text, you can:

- Access your statement as soon as it is available
- Print your Pay Stub at your convenience, in your home or at the office.
- Reprint prior paystubs (up to one year). This is useful for home loans and refinancing.
- Obtain additional copies for reprint anytime and anywhere.
- Receive an instant message on your cell phone via text messages as soon as your paystub information is available. *Standard rates may apply.

You can access your online forms by entering this URL from any PC with Internet connection,

<http://www.atsprintfreedom.com>.

Once you have reached the "PrintFreedom" site, here is how you access your online Pay Stub:

1. Enter your Access ID, User Name and Password as specified below.
2. Change your password - you will be prompted to change your password when you login for the first time. Write down your new password and store it in a safe place.
3. Select "Update MyEmail" to add or change your email address.
4. To set up text messages please choose "My Profile" and enter the mobile number you would like to have your check stub information sent to
5. Select "MyPayStub" to print your Pay Stub
6. To open and view your Pay Stub, enter the last 4 digits of your Social Security Number as the document open password.

Your current Access ID, Username and Password are:

Access ID: Kudzu

Username: The first letter of your first name in addition to your last name. Example: John Doe – Jdoe
*If this does not work try adding in your middle name. Example: JMichaelDoe

Password: (The last four (4) digits of your Social Security number) – You will be prompted to change your password.

Once you have completed the login and consent process, you should "Bookmark" or "Add to your Favorites" the new URL, <http://www.atsprintfreedom.com>.

We hope you will enjoy this convenient service. We appreciate the opportunity to provide you with this new and innovative way of viewing and printing your wage information.

Go ahead and give it a try.... Your Pay Stub is online and waiting for you.

Sincerely yours,

Kudzu, Payroll Department



1. Employees of Kudzu Staffing are required to follow all client safety and security procedures while working at client sites.

2. If your client host does not advise you regarding safety hazards consider the following:

-Emergency exit location(s)

-Keep your eye on the path you are working and avoid any tripping/slipping hazards. When on stairs maintain three point contact (hand on rail and feet on stairs);

-When visiting manufacturing or construction sites, eye protection, hearing protection, and hard hats are frequently required. Ideally, this equipment will be in the possession of the Kudzu Staffing employee and not provided by the client.

If you are working at factory or construction site, dress appropriately. Wear shoes that support your feet and are slip resistant. Avoid clothing that is either constructive or too loose; loose clothing be get caught in machinery or other equipment.

Reporting Injuries

1. Any work-related injury or suspected injury must be reported immediately to your supervisor and to Kudzu Staffing.
2. Kudzu Staffing will issue a detailed report regarding the injured employee to take to the treating medication practitioner. The employee must return this form to Kudzu Staffing by the next business day.
3. After each practitioner appointment, the employee must report to his/her supervision and Kudzu Staffing to review his/her process.
4. Kudzu Staffing provides light duty work for employees recovering from injury. Employees are required to return to work immediately upon release.



5. An accident investigation will be conducted to determine the root cause of the accident. The injured employee will be asked to participate in the investigation.
6. Employees are urged to report hazardous conditions and "near miss" incidents to their supervisors before injuries result.
7. Any attempt to defraud Kudzu Staffing with false worker's compensation claim will result in disciplinary action. The case can also be referred to the district attorney for possible prosecution.

It is our goal to prevent work-related injuries from happening. We are concerned when one of our employees is injured or ill due to a work-related condition. We believe that such absences cost both Kudzu Staffing and its employees. We want our injured employees to get the best possible medical treatment immediately to assure the earliest possible recovery and return to work.

Employee Procedures:

-All work-related injuries should always be reported immediately to your supervisor and Kudzu Staffing no later than the end of the shift on which the injury occurs.

-You must complete and sign a Report of Injury or Illness form.

-When medical treatment is sought, the injured employee must advise their supervisor that they are seeking treatment and obtain a Return to Work Evaluation form. Regardless of the choice of physicians, the Return to Work form must be completed for each practitioner visit. Kudzu Staffing will not accept a general note stating that you are only to be off of work.

-If you are unable to return to your regular job, but are capable of performing transitional duty, you must return to transitional duty. Failure to do so will result in your not being eligible for full disability benefits under the workers' compensation program, and may result in disqualification for certain employee benefits and, up to and including termination from employment.

-If you are unable to return to any available work, your job position may be filled after a reasonable time. When able to do so, you will be entitled to return to a suitable position, if available and consistent with any limitations. However, you must keep us regularly informed of your status and any changed in your condition.

-Employees must provide a Return to Work form indicating they are capable of returning to full duty. Permanent restrictions will be evaluated on a case-by-case basis and relate to performance of essential job functions. No permanent light duty positions will be created.

-Cooperate with our third-party administrator and provide accurate and complete information as soon as possible so that you receive all benefits to which you are entitled. If you have problems or concerns, please contact Kudzu Staffing's employee relations department.



Emergency Contact Information

If you become injured at work you are first to contact Kudzu Staffing- 864.272.0181 and report the injury. Should the injury not be severe you will be asked to report to Kudzu Staffing's office located at:

**108 Clair Drive
Powdersville, SC 29673**

An accident report and authorization to treat form will be given and you will be sent to a Medical Physician.

If you need immediate medical assistance you will need to report to:

**DOCTOR: Workwell Occupational Health
ADDRESS: 135 Commonwealth Drive Suite 120 Greenville, SC 29615
TELEPHONE: 864-675-4600**

If you have any questions regarding safety issues at you client site please report them to Kudzu Staffing's Safety Manager.

If you have any questions regarding Worker's compensation coverage please contact Kudzu Staffing's Employee Relations.