



Policies and Procedures Checklist

Safety and Incident Policy

- If I sustain an injury on the job, I will inform the client and IMKO Workforce Solutions IMMEDIATELY.** IMKO will coordinate and facilitate proper handling, reporting, treatment, and other compliance issues for treatment and reporting of the accident. Seeking unauthorized medical care for an injury may result in lack of workers' compensation coverage. **Employees should check with the local office to determine who the primary medical provider is for on-the-job injuries.**
- I understand and will comply with this staffing company's safety rules and regulations and hazardous communication program explained to me in IMKO orientation. I will **operate all machinery in a safe and responsible manner and I will wear or use all prescribed protective equipment (PPE)** recommended by the assigned company.
- General safety awareness: Ask to receive JOB SPECIFIC safety training from the company to which you are assigned; request MSDS sheets; read and understand the OSHA posters at job sites; lift properly by bending your knees; dress safely; **ONLY** use tools, lift trucks or other machinery and equipment that you have been authorized/trained on.
- I understand that IMKO takes their responsibility as my employer very seriously, and that they have gone to great lengths to provide a safe work environment and to ensure that each employer complies with relevant regulatory requirements according to OSHA standards. **If I am injured on the job**, this staffing company will deal promptly with legitimate claims and has workers compensation insurance that complies with applicable state law. I also understand that IMKO has extensive experience investigating claims and will fight fraudulent claims with all available resources.

Substance Abuse Policy

- IMKO has a strict "Substance Abuse Policy," and **I have signed a consent form to submit to drug testing.** In order to ensure compliance with this policy, **substance abuse screening may be conducted in the following situations: Pre-employment, For Cause, Random and Post Accident. I understand that my failure to comply with this agreement will be grounds for my immediate termination.**

Communication Procedures

- I understand that I am an employee of IMKO;** only IMKO or I can terminate my employment, but my assignment may end based on client needs and preference and for reasons beyond IMKO control. **When an assignment ends, I must report to this staffing company for my next job assignment. Failure to do so or to accept my next job assignment will indicate that I have voluntarily quit and will not be eligible for unemployment benefits.**
- I understand that **I am expected to complete any assignment I accept.** I understand that if I do not complete or promptly notify IMKO of my inability to complete the assignment, or if I do not report for my assignment, then this staffing company may assume that I have voluntarily quit, and I will not be eligible for unemployment benefits. If for some unexpected reason, such as an emergency or illness, I cannot make it to work or will be late, **I will contact IMKO as soon as possible and before my work is scheduled to begin.**
- I understand this staffing company's requirements for receiving information, documenting hours worked, the method of providing this information, and the time frame for me to provide this information. **I understand that IMKO will not recognize or pay for any hours worked by an employee without proper documentation verifying hours worked.**
- I have read and fully understand the above statements regarding this staffing company's policies and procedures and agree to the same. **I understand that failure to comply with these policies and procedures could lead to my termination and may jeopardize my unemployment insurance benefits.**

(Please refer to the IMKO Employee Handbook for further information on any of the above policies and procedures)

Applicant Signature _____ Date _____ Last 4 of Social _____