



261 Springfield Ave., Ste. 204 ♦ Berkeley Heights, NJ 07922
Phone: 908-508-0300 ♦ Fax: 908-508-0323
E-mail: Info@SmartStaff.jobs
Web: www.SmartStaff.jobs

Welcome to SmartStaff Personnel!

Thank you for the opportunity of working with you. We want to establish a long-term relationship with you. We will work to make your time with us as productive, effective and pleasant as possible. SmartStaff Personnel is pleased to offer the following bonus plans and benefits. Please check back with us frequently, as we will constantly be upgrading and adding new benefits programs.

Health/Dental Insurance

After you complete three months of continuous employment—with at least 25 hours per week continuously — you are eligible to participate in the Horizon BCBS group plan, and the Oxford Dental plan. You must be currently employed on an active assignment to participate in the plan. After you have completed two months of your assignment, you need to let us know that you intend to participate so we can begin the process of setting up your coverage.

Vacation Plan

After you complete 2,000 hours of continuous employment, you are eligible for 35 hours of vacation pay. You must be currently employed on an active assignment, with at least 25 hours per week continuously, to receive vacation pay.

Holiday Pay

After you have worked 1,500 hours, with at least 25 hours per week continuously, you will be eligible for holiday pay. If you are on an assignment, and the holiday falls on a day you would normally work, you will receive 8 hours of holiday pay. You must work the day before and the day after the holiday in order to qualify. Please note that these 8 hours will not apply towards any over time.

The holidays for which you will be eligible:

| | |
|-----------------------------|--------------|
| Memorial Day | Thanksgiving |
| Independence Day (July 4th) | Christmas |
| Labor Day | |

Direct Deposit

We pay by Direct Deposit. The Direct Deposit Program will allow you to have your weekly paycheck deposited electronically into the checking or savings account of your choice. You may activate Direct Deposit as soon as you begin work.

Skylight Financial Paycard Program

If you don't have a checking account, or prefer not to use it, you can have your paychecks directly deposited into your own FDIC-insured account through our convenient Skylight Financial Paycard System. This is a "checkless" checking account that you can open with no credit check. You will receive a "debit card" that you can use to withdraw your paycheck, or make transactions at grocery stores, online, etc. Please let us know if you would like the application form for the Skylight Financial card.

Health and Safety

Your health and safety on an assignment are of paramount importance to us. We make every effort to ensure that when you are assigned to a temporary position, the working conditions will not jeopardize your health or safety. However, should you ever feel that there is an immanent danger to either your health or safety, leave the area, inform your supervisor at the company, and contact us at 908-508-0300 immediately. You may also wish to contact OSHA, the Occupational Safety and Health Administration at 1-800-321-OSHA or www.osha.gov

Please keep this page for your reference



261 Springfield Ave., Ste. 204 6 Berkeley Heights, NJ 07922
Phone: 908-508-0300 ♦ Fax: 908-508-0323
E-mail: Info@SmartStaff.jobs
Web: www.SmartStaff.jobs

Payroll Procedures

- ✓ Time sheets are to be faxed (908-508-0323), scanned and emailed, or delivered to our office no later than 12:00pm (Noon) on **Monday**.
- ✓ Original time sheets may be mailed or dropped off to arrive at our office no later than **Monday** of the following week.
- ✓ Your pay cannot be released without a timesheet signed by an authorized representative of the client company.
- ✓ Overtime, *if applicable*, is paid at 1½ times your salary for hours above **40 per week**.
- ✓ When your assignment ends, call your counselor and submit your time sheet that day.
- ✓ Direct Deposit payroll transfers are initiated Wednesday afternoons. Funds are credited to your account within two business days.

If you will be late or cannot report to work for any reason, *you must give us advance notice*, even if you have contacted the client.

General Procedures

- ✓ Please notify your supervisor and our office if you must miss any time from work.
- ✓ Please notify us if our Client asks you to join their full-time staff. We can assist in making the proper arrangements.
- ✓ ***Please give us reasonable notice if you must leave an assignment.***
- ✓ Your pay rate is confidential and should not be discussed with either our Client or any other employees.

We appreciate the opportunity of working with you...thanks!

Please keep this page for your reference



Employment Application

261 Springfield Ave., Ste. 204
 Berkeley Heights, NJ 07922
 Phone: 908-508-0300
 Fax: 908-508-0323
 E-mail: Info@SmartStaff.jobs
 Web: www.SmartStaff.jobs

Date: _____

Name: _____ SS#: _____

Address: _____ City, State, Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email/Web: _____

In Case of Emergency, Contact: _____ Phone: _____

Professional License(s): _____

Education

| Name | Dates Attended | Degree/Major | Did you graduate? |
|--------------------|----------------|--------------|-------------------|
| High School: _____ | | | |
| College: _____ | | | |
| Graduate: _____ | | | |

Employment

| Company | From/To | Position | Salary | OT/Bonus | Reason for leaving |
|---------|---------|----------|--------|----------|--------------------|
| _____ | | | | | |
| _____ | | | | | |
| _____ | | | | | |

References Please include your supervisor at the above positions.

| Name | Company | Position | Phone Number |
|-------|---------|----------|--------------|
| _____ | | | |
| _____ | | | |
| _____ | | | |

How did you hear about us? _____

Will you work in a smoking environment? Y N

What is your minimum hourly rate? _____

If needed, can you commute to work by car? Y N

Date available to begin work? _____

Is it legal for you to work in the U.S.? Y N

Shift(s) preferred? 1st 2nd 3rd Weekend

Have you ever been convicted of a crime? Y N
If yes, provide details on reverse side.

Are you looking for a permanent position? _____

Have you ever worked as a temporary employee? Y N
If yes, provide details on appropriate form.

Salary desired? _____



Temporary/Consulting Reference Authorization

Have you worked as a temporary employee in the past year?

If yes, please indicate the company you temped at, your supervisor there (and phone number, if known) and the agency that sent you. This will help us avoid potential conflicts with other staffing firms.

Name: _____

1.

| | | |
|---------------------------|-----------------------------|--------------------|
| Name of Supervisor: _____ | Telephone: _____ | |
| Your Position: _____ | Dates Worked: _____ | Hourly Rate: _____ |
| Company Name: _____ | Agency that sent you: _____ | |

2.

| | | |
|---------------------------|-----------------------------|--------------------|
| Name of Supervisor: _____ | Telephone: _____ | |
| Your Position: _____ | Dates Worked: _____ | Hourly Rate: _____ |
| Company Name: _____ | Agency that sent you: _____ | |

3.

| | | |
|---------------------------|-----------------------------|--------------------|
| Name of Supervisor: _____ | Telephone: _____ | |
| Your Position: _____ | Dates Worked: _____ | Hourly Rate: _____ |
| Company Name: _____ | Agency that sent you: _____ | |

4.

| | | |
|---------------------------|-----------------------------|--------------------|
| Name of Supervisor: _____ | Telephone: _____ | |
| Your Position: _____ | Dates Worked: _____ | Hourly Rate: _____ |
| Company Name: _____ | Agency that sent you: _____ | |

5.

| | | |
|---------------------------|-----------------------------|--------------------|
| Name of Supervisor: _____ | Telephone: _____ | |
| Your Position: _____ | Dates Worked: _____ | Hourly Rate: _____ |
| Company Name: _____ | Agency that sent you: _____ | |

You are hereby authorized to contact these references on my behalf.

Signature: _____ Date: _____



261 Springfield Ave., Ste. 204 6 Berkeley Heights, NJ 07922
Phone: 908-505-0300 • Fax: 908-508-0323
E-mail: Info@SmartStaff.jobs
Web: www.SmartStaff.jobs

1. As a temporary employee working for SmartStaff Personnel and assigned to its Client or Clients, I understand that any work I do, and any information and materials I may hear or see while at a Client's premises are the private and confidential business property of the Client and those with whom the Client does business. I agree to keep all of such matters absolutely confidential and not to disclose them to anyone outside of such Client for any reason. I also agree that none of such information and materials may be copied, disclosed, transferred or communicated outside of such Client's full-time employees. I understand and agree that for security reasons I may not bring any computer disks on to the premises of the Client, nor will I remove any disks from the premises of any SmartStaff Personnel client. I will, upon request, return to such Client all copies of any documents or materials obtained or developed while working at such Client. Finally, I understand that these restrictions apply after I leave such Client, and do not end when my temporary assignment ends.
2. I have read and fully understand the questions asked in this application. I certify that all answers given by me are true, accurate and complete and understand that the omission and/or misrepresentation of any fact from this application or during any interview will be cause for immediate dismissal.
3. I hereby authorize SmartStaff Personnel to obtain reference information including, but not limited to, credit, criminal, and drug background about me and release all persons from liability for doing so.
4. May we contact your **present** employer at this time? Yes No N/A
5. If hired, I agree to abide by all the company rules and regulations and understand that if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the company or me. I further understand that no representation, whether oral or written, by any representative or agent of the company, at any time, can constitute a contract of employment. I understand that the company and all plan administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance, or otherwise change all policies, procedures, benefits or other terms or conditions of employment. I understand that my classification while on an assignment is that of temporary personnel and that my anticipated length of engagement is not for any prescribed period of time. I further understand that I am not covered by nor eligible to participate in any of the Client's employment benefit plans, including but not limited to medical, dental, group life, disability, profit-sharing, 401(k) and pension.

I acknowledge and agree to the above terms.

Name

Signature

Date





261 Springfield Ave., Ste. 204 6 Berkeley Heights, NJ 07922
Phone: 908-508-0300 ♦ Fax: 908-508-0323
E-mail: Info@SmartStaff.jobs
Web: www.SmartStaff.jobs

Ending an Assignment

When you are assigned to a temporary position with a company, we will let you know how long the assignment is expected to run. Your commitment to completing that assignment is important to you, to us, and to the client company you will be working for.

Once you are working on an assignment, please let us know if you are unable to continue to the end of that assignment. Please call your counselor and give reasonable notice of your intention to leave the assignment.

When you call and give us reasonable notice that you will be leaving your assignment, we will have the opportunity to find a suitable replacement for you for our client.

If you do not let us know that you are unable to complete your assignment, or you don't give us reasonable notice that you need to end your assignment, your final check will be paid at an hourly rate of the prevailing Federal or local minimum wage, whichever is higher.

I understand this policy.

Printed Name

Signature

A red arrow pointing to the right, with the text "SIGN HERE" written inside it in a bold, black, sans-serif font.

SIGN HERE

Date



261 Springfield Ave., Ste. 204 Berkeley Heights, NJ 07922
Phone: 908-508-0300 • Fax: 908-508-0323
E-mail: Info@SmartStaff.jobs
Web: www.SmartStaff.jobs

Health/Dental Insurance

After you complete three months of continuous employment—with at least 510 hours during that time— you are eligible to participate in the Horizon BCBS group plan, and the Oxford Dental plan. You must be currently employed on an active assignment to participate in the plan.

Printed Name

Date



Signature

Please complete for both plans below:

1. Horizon BCBS Heathcare Plan

- I would like to participate in the Horizon BCBS Heathcare plan
We will give you the application forms if you want to participate.
- I do not need the plan, I have coverage elsewhere.

Name of healthcare insurance company that provides your coverage.

Policy number for your coverage.

- I do not want to participate in the plan. I do not have coverage elsewhere.
However, I will let you know in the future if I would like to take the coverage.

2. Oxford Dental Plan

- I would like to participate in the **Oxford Dental** plan.
We will give you the application forms if you want to participate.
- I do not need the plan, I have coverage elsewhere.

Name of dental insurance company that provides your coverage.

Policy number for your coverage.

- I do not want to participate in the plan. I do not have coverage elsewhere.
However, I will let you know in the future if I would like to take the coverage.



Direct Deposit Authorization

I authorize SmartStaff Personnel, LLC, and its Agents, including financial institutions, to initiate electronic credit entries (direct deposit) to my checking or savings account listed below. This authorization will remain in effect until I have informed SmartStaff Personnel, LLC in writing that I wish to cancel it and SmartStaff Personnel, LLC has had a reasonable amount of time to process the cancellation.

I understand that direct deposit payroll transfers are initiated on Wednesday afternoons. Funds are credited to my account within 2 business days.

My timesheet must be received by SmartStaff Personnel, LLC prior to 5pm on Monday, (Tuesday when Monday is a holiday). It is my responsibility to confirm receipt. If my timesheet is submitted late, I will not be paid until the following week.

I understand that a statement of earnings each week will be available to me at www.compupaycentral.com.

Skylight Financial Paycard Program

You may have your paychecks directly deposited into your own FDIC-insured account through our convenient Skylight Financial Paycard System. This is a “checkless” checking account that you can open with no credit check. You will receive a “debit card” that you can use to withdraw your paycheck, or make transactions at grocery stores, online, etc. If you prefer, we can provide you with information on several other paycards that offer similar services.

Checking Savings

My Account #: _____

My Bank: _____

Bank Address: _____

Bank City, State, Zip: _____

Bank Phone Number: _____

My Bank's ABA routing #: _____

***My voided check is attached.
(Attach deposit slip only for savings account.)***

Name: _____

Social Security #: _____

Date: _____

Signature: _____

NEW JERSEY DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT

(To be posted in a conspicuous place)

This employer is subject to the Family Leave Insurance provisions of the New Jersey Temporary Disability Benefits Law.

Beginning July 1, 2009, New Jersey law will provide up to six (6) weeks of Family Leave Insurance benefits. Benefits are payable to covered employees from either the New Jersey State Plan or an approved employer-provided private plan to:

- **Bond with a child** during the first 12 months after the child's birth, if the covered individual or the domestic partner or civil union partner of the covered individual, is a biological parent of the child, or the first 12 months after the placement of the child for adoption with the covered individual.
- **Care for a family member with a serious health condition** supported by a certification provided by a health care provider. Claims may be filed for six consecutive weeks, for intermittent weeks or for 42 intermittent days during a 12 month period beginning with the first date of the claim.

Family member means a child, spouse, domestic partner, civil union partner or parent of a covered individual.

Child means a biological, adopted, or foster child, stepchild or legal ward of a covered individual, child of a domestic partner of the covered individual, or child of a civil union partner of the covered individual, who is less than 19 years of age or is 19 years of age or older but incapable of self-care because of mental or physical impairment.

New Jersey State Plan

Employees covered under the New Jersey State Plan can obtain information pertaining to the program and an application for Family Leave Insurance benefits (Form FL-1), after June 1, 2009, by visiting the Department of Labor and Workforce Development's web site at www.nj.gov/labor, by telephoning the Division of Temporary Disability Insurance's Customer Service Section at (609) 292-7060, or by writing to the Division of Temporary Disability Insurance, PO Box 387, Trenton, NJ 08625-0387.

If an employee is receiving State Plan temporary disability benefits for pregnancy, after the child is born, the Division will mail the employee information on how to file a claim for Family Leave Insurance benefits to bond with the newborn child. If a claim is filed to have Family Leave Insurance benefits begin immediately after the employee recovers from her pregnancy-related disability, she will be paid at the same weekly benefit amount as she was paid for her pregnancy-related disability claim and no waiting period will be required.

Private Plan

An employer can elect to provide workers with Family Leave Insurance benefits coverage under a private plan approved by the Division of Temporary Disability Insurance. The Division will not approve a private plan requiring employee contributions unless a majority of the employees, covered by the private plan, have agreed to private plan coverage by written election. Employers will provide information regarding the private plan and the proper forms to claim benefits to employees covered under the private plan.

Financing of the Program

This program is financed by employee contributions. Beginning January 1, 2009, employers are authorized to deduct the contributions from employee wages for all employees covered under the State Plan. These deductions must be noted on the employee's pay envelope, paycheck or on some other form of notice. The taxable wage base for Family Leave Insurance benefits is the same as the taxable wage base for Unemployment and Temporary Disability Insurance.

Employees covered under an approved private plan will not have contributions deducted from wages for Family Leave Insurance benefits coverage unless a majority of the workers consent to contribute to the approved private plan. If employees consent to contribute to the private plan, the contributions cannot exceed those paid by workers covered under the State Plan.

Enforced by:
New Jersey Department of Labor and
Workforce Development
Division of Temporary Disability Insurance
PO Box 387
Trenton, New Jersey 08625-0387

Additional copies of this poster or any other required posters may be obtained free of charge by contacting the New Jersey Department of Labor and Workforce Development, Office of Constituent Relations, PO Box 110, Trenton, New Jersey 08625-0110 - (609) 777-3200 or from our website: www.nj.gov/labor.

The New Jersey Department of Labor and Workforce Development is an equal opportunity employer with equal opportunity programs. Auxiliary aids and services are available upon request to individuals with disabilities

If you need this document in Braille or large print, call (609) 292-2680. TTY users can contact this department through New Jersey Relay: 7-1-1.



NEW JERSEY DEPARTMENT OF LABOR
AND WORKFORCE DEVELOPMENT



CONSUMER REPORT DISCLOSURE AND CONSENT FORM

DISCLOSURE

In connection with your employment or application for employment (including contracted services), at SmartStaff Personnel (“The Company”) consumer reports and investigative consumer reports may be requested from MESH, a consumer reporting agency. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, academic history, professional credentials, and drugs/alcohol use. Such reports may contain public record information concerning your driving record, workers’ compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from MESH concerning previous driving record requests made by others from such state agencies and state provided driving records. Investigative consumer reports may include information as to your character, general reputation, personal characteristics and mode of living.

You have the right to contact MESH, upon proper identification, to request, in writing, the nature and substance of all information in its files on you at the time of your request, including the sources of information and the recipients of any reports on you that MESH has previously furnished within the two-year period preceding your request. MESH may be contacted by:

- Mail: 2414 Morris Ave, Ste 208, Union, NJ 07083
- E-mail: ConsumerReport@Go2Mesh.com
- Phone: (888) 988-MeSH.

Note: If you live or work in CA, MA, MN, NJ or OK, and you would like a free copy of your report, please check this box to have it sent to the address below , and/or have it sent to your email:

Email: _____

A “Summary of Consumer Rights” document is accompanied as required under the Fair Credit Reporting Act [609.c.3] and if I am in NY, I have received Article 23A of New York’s Correction Law.

CONSENT

I AUTHORIZE, WITHOUT RESERVATION, MESH, AND ANY PARTY OR AGENCY CONTACTED BY MESH, TO FURNISH THE ABOVE-MENTIONED INFORMATION FOR EMPLOYMENT PURPOSES, INCLUDING HIRING AND PROMOTION CONSIDERATIONS AT THIS COMPANY.

MESH is authorized to disclose all information obtained to The Company for the purpose of making a determination as to my eligibility for employment, promotion, reassignment or retention as an employee, or any other lawful purpose. If hired or contracted by The Company, this consent and authorization shall remain on file and shall serve as ongoing consent and authorization for the procurement of consumer reports at any time during my employment or contract period.

BY SIGNING BELOW, I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS RELEASE, THAT PRIOR TO SIGNING I WAS GIVEN THE OPPORTUNITY TO ASK QUESTIONS AND TO HAVE THOSE QUESTIONS ANSWERED TO MY SATISFACTION, AND THAT I EXECUTED THIS RELEASE VOLUNTARILY AND WITH THE KNOWLEDGE THAT THE INFORMATION BEING RELEASED COULD AFFECT MY BEING HIRED, MY EMPLOYMENT, OR MY ELIGIBILITY FOR PROMOTION.

Applicant Signature

Date

First Name

Middle Name

Last Name

All other names used (or put “None”)

Note: The following fields need only be completed at the request of The Company to facilitate the background checking process.

Social Security Number

Date of Birth

Previous Addresses and Dates (7 years)

Drivers License Number and State

Have you been convicted of a criminal offense (felony or misdemeanor) in the last seven years, and/or are there any pending cases against you? If so, please list all else put “None”.

Summary of Rights Addendum

If you live in, or are seeking work for the Company in Maine, Massachusetts, New Jersey, New York, Nevada, Washington State, the following may apply. For legal advice and more information about rights you may have in your state, you may wish to consult an attorney. Additional information on your rights can be found at:

<http://www.ftc.gov/bcp/edu/pubs/consumer/idtheft/idth09.pdf>

MAINE: If you ask us, you have the right to know whether the Company ordered a background check report on you. You may request the name, address, and telephone number of the nearest office for the Consumer Reporting agency. We will send this information to you within five business days of our receipt of your request. You have the right to ask the Consumer Reporting Agency for the report.

MASSACHUSETTS: If you ask, you have the right to a copy of any background check report concerning you that the Company has ordered. You may contact the Consumer Reporting Agency for a copy.

NEVADA: Under the Fair Credit Reporting Act (FCRA), all consumers are entitled to one free annual file disclosure in any twelve month period. You may be charged a reasonable fee, not exceeding nine dollars, for each additional disclosure within any 12-month period. However, there is no fee if (1) you have been notified of an adverse action taken towards you based upon information appearing in your consumer file within the preceding 60 days, (2) you suspect that your file may contain fraud or you have been the victim of identity theft, or (3) you are unemployed or are currently receiving financial assistance.

"Consumer report" means any communication, written or oral, by a reporting agency regarding the payment history of a particular consumer, including information regarding credit worthiness, credit standing, or credit capacity, which is intended for present or future use in whole or in part to serve as a factor in determining the consumer's eligibility for credit or insurance to be used primarily for personal, family or household purposes, purposes relating to employment, or any other purpose authorized pursuant to the Fair Credit Reporting Act.

A reporting agency may furnish a consumer report concerning you for an extension of credit which you did not initiate only if the contemplated transaction represents a firm offer of credit to you and you meet specific criteria determined by the user, or you have not requested that your name and address be excluded from any list to be provided for such a purpose.

A person shall not procure a consumer report to resell or disclose the report or the information contained in the report unless the person discloses to the reporting agency which originally furnished the report the identity of the intended ultimate user of the report or information, and the only purposes for which the information will be used.

A reporting agency shall not include medical information in its files.

If a person takes adverse action against you based on a consumer report from a reporting agency, the person shall notify you of the action taken; furnish you with the name and address of the reporting agency; and inform you of your right to obtain a copy of the consumer report from the agency.

Upon receiving your request for disclosure, and information sufficient to identify you, a reporting agency shall clearly and accurately disclose to you the nature and substance of information in its files which relates to you at the time of the request, and disclose the names of the institutional sources of information.

If you request, the reporting agency shall provide a readable copy of the consumer report, disclose the name of each person who has received from the reporting agency information concerning you within the preceding 2 years for purposes of employment, promotion, reassignment or retention as an employee; or within the preceding 6 months for any other purpose.

A reporting agency shall periodically purge from its files and after purging shall not disclose bankruptcies whose dates of adjudication precede the report by more than 10 years. A report of adjudication must include, if known, the chapter of Title 11 of the United States Code under which the case arose. Except as otherwise provided by a specific statute, any other civil judgment, report of criminal proceedings, or other adverse information which precedes the report by more than 7 years.

You have a right to bring civil action against anyone who willfully or negligently fails to comply with any requirement imposed under the subtitle of Nevada state law outlined above.

Security Freeze

You have a right to place a security freeze in your file which will prohibit a reporting agency from releasing any information in your file without your express authorization. A security freeze must be requested in writing by certified mail. The security freeze is designed to prevent a reporting agency from releasing your consumer report without your consent. However, you should be aware that using a security freeze to take control over who is allowed access to the personal and financial information in your file may delay, interfere with or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, insurance, government services or payments, rental housing, employment, investment, license, cellular telephone, utilities, digital signature, Internet credit card transaction or other services, including an extension of credit at point of sale. When you place a security freeze in your file, you will be provided a personal identification number or password to use if you choose to remove the security freeze from your file or to authorize the temporary release of your consumer report for a specific person or period after the security freeze is in place. To provide that authorization, you must contact the reporting agency and provide all the following:

1. Sufficient identification to verify your identity.
2. Your personal identification number or password provided by the reporting agency.
3. A statement that you choose to remove the security freeze from your file or that you authorize the reporting agency to temporarily release your consumer report. If you authorize the temporary release of your consumer report, you must name the person who

is to receive your consumer report or the period for which your consumer report must be available.

A reporting agency must remove the security freeze from your file or authorize the temporary release of your consumer report not later than 3 business days after receiving the above information.

A security freeze does not apply to certain persons, including a person, or collection agencies acting on behalf of a person, with whom you have an existing account that requests information in your consumer report for the purposes of reviewing or collecting the account.

NEW JERSEY

Right to Obtain a Security Freeze

You may obtain a security freeze on your credit report to protect your privacy and ensure that credit is not granted in your name without your knowledge. You have a right to place a “security freeze” on your credit report pursuant to New Jersey law. The security freeze will prohibit a consumer-reporting agency from releasing any information in your credit report without your express authorization or approval. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. When you place a security freeze on your credit report, within five business days you will be provided a personal identification number or password to use if you choose to remove the freeze on your credit report or to temporarily authorize the release of your credit report for a specific party, parties or period of time after the freeze is in place. To provide that authorization, you must contact the consumer reporting agency and provide all of the following: (i) The unique personal identification number or password provided by the consumer reporting agency; (ii) Proper identification to verify your identity; and (iii) The proper information regarding the third party or parties who are to receive the credit report or the period of time for which the report shall be available to users of the credit report. A consumer reporting agency that receives a request from a consumer to lift temporarily a freeze on a credit report shall comply with the request no later than three business days or less, as provided by regulation, after receiving the request. A security freeze does not apply to circumstances in which you have an existing account relationship and a copy of your report is requested by your existing creditor or its agents or affiliates for certain types of account review, collection, fraud control or similar activities. If you are actively seeking credit, you should understand that the procedures involved in lifting a security freeze may slow your own applications for credit. You should plan ahead and lift a freeze, either completely if you are shopping around, or specifically for a certain creditor, a few days before actually applying for new credit. You have a right to bring a civil action against someone who violates your rights under the credit reporting laws. The action can be brought against a consumer reporting agency or a user of your credit report.

NEW YORK: If you submit a written request, you have the right to know whether the Company ordered a background check on you from the Consumer Reporting Agency. You may inspect and order a copy by contacting the Consumer Reporting Agency. If you have previously been convicted of one or more criminal offenses and are denied employment, you may request that the Company provide a written statement setting forth the reasons for such denial. The Company must provide the written statement within thirty (30) days of your request.

WASHINGTON STATE: You have the right, upon written request made within a reasonable time frame after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of any “investigative” consumer report we may have requested. 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. If the Company obtains information bearing on your credit worthiness, credit standing, or credit capacity, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 11-30-2013)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact _____.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

| | | | |
|--|----------|---|--|
| 3. Employer name | | 4. Employer Identification Number (EIN) | |
| 5. Employer address | | 6. Employer phone number | |
| 7. City | 8. State | 9. ZIP code | |
| 10. Who can we contact about employee health coverage at this job? | | | |
| 11. Phone number (if different from above) | | 12. Email address | |

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
All employees.

Some employees. Eligible employees are:

- With respect to dependents:
We do offer coverage. Eligible dependents are:

We do not offer coverage.

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.



Fax: 908-508-0323

261 Springfield Ave. Ste. 204
Berkeley Heights, NJ 07922
Phone: 908-508-0300

| | | |
|--------------------|--|--|
| WEEK ENDING SUNDAY | | |
|--------------------|--|--|

| |
|--------------------------------------|
| EMPLOYEE NAME <i>Please print</i> |
|--------------------------------------|

I certify that these hours were worked by me during the week ending shown above, and were properly verified by an authorized representative of the Client.

| |
|--------------------|
| EMPLOYEE SIGNATURE |
|--------------------|

Equal Opportunity Employer

| | DATE | DAY SHIFT | | | | EVENING SHIFT | | | | NIGHT SHIFT | | | |
|-----|------|--------------|---------------|------------|-------------|---------------|---------------|------------|-------------|--------------|---------------|------------|-------------|
| | | TIME STARTED | TIME FINISHED | LESS LUNCH | TOTAL HOURS | TIME STARTED | TIME FINISHED | LESS LUNCH | TOTAL HOURS | TIME STARTED | TIME FINISHED | LESS LUNCH | TOTAL HOURS |
| MON | | | | | | | | | | | | | |
| TUE | | | | | | | | | | | | | |
| WED | | | | | | | | | | | | | |
| THU | | | | | | | | | | | | | |
| FRI | | | | | | | | | | | | | |
| SAT | | | | | | | | | | | | | |
| SUN | | | | | | | | | | | | | |

| CLIENT: YOUR SIGNATURE CERTIFIES THAT DAYS SHOWN ARE CORRECT, WORK WAS DONE SATISFACTORILY, AND YOU AGREE TO THE TERMS AND CONDITIONS AT THE BOTTOM OF THIS TIME SHEET. SUPERVISOR'S NAME <i>Please print</i> AUTHORIZED SIGNATURE X | MINIMUM BILLING PER DAY: 4 HOURS TOTAL HOURS IN EXCESS OF 40 ARE BILLED AT TIME AND A HALF. | GRAND TOTAL | | | | | | | | |
|--|--|---|------------|--|----------|--|-----|-----|-----|-----|
| | COMPANY NAME ADDRESS CITY | <table border="1"> <tr> <th colspan="2">REG. HOURS</th> <th colspan="2">OVERTIME</th> </tr> <tr> <td>HRS</td> <td>MIN</td> <td>HRS</td> <td>MIN</td> </tr> </table> | REG. HOURS | | OVERTIME | | HRS | MIN | HRS | MIN |
| REG. HOURS | | OVERTIME | | | | | | | | |
| HRS | MIN | HRS | MIN | | | | | | | |
| IS THE EMPLOYEE CONTINUING THIS ASSIGNMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | |

Employee Instructions: Complete this time sheet, sign it and then have your supervisor sign it.

Scan/Email the completed time sheet to Info@SmartStaff.jobs, or Fax to 908-508-0323,

give a copy to your supervisor, keep a copy for yourself.

Please return the entire page. Do not remove anything.

TERMS AND CONDITIONS

Client, as evidenced by the signature of its authorized representative above, in consideration for the furnishing of services by Contractor named above (hereinafter "Contractor", which references shall include subsidiaries, affiliates, agents, assignees, and employer of record) agrees to adhere to and be legally bound by the following Terms and Conditions. Contractor, or its designated agent, is the employer of all supplemental staff assigned to Client (hereinafter "Employee(s)") by Contractor. The Client certifies that the hours worked and the information listed above is correct and the services of the Employee identified above were satisfactory. Contractor will bill and Client agrees to pay for all hours worked, including overtime premiums incurred, as required by applicable Federal and/or State Law.

The Client recognizes that Contractor has an Employer/Employee relationship with temporary personnel assigned to the Client and agrees to discuss all matters concerning employment and job assignments with Contractor directly.

Client warrants that it complies with all occupational safety and health laws and regulations and agrees to provide all work site notifications, orientation and training required by law.

Client shall pay all reasonable attorney's fees and other costs and expenses of collection incurred by Contractor in enforcing this Agreement. Client acknowledges that fees for services are due net 15 days and are past due after net 30 days, and Client agrees to pay 1-1/2% per month interest for any fees that are past due. Client agrees that Contractor incurs substantial recruiting, screening, administrative and marketing expenses in connection with the Employee and further agrees to pay a conversion charge of 25% of Employee's salary, unless otherwise agreed to in writing by both parties, if Client directly or by another staffing firm, or as a consultant, or as a permanent Employee to the Client, employs Employee within 180 working days from the last day of work recorded above. Employee named above agrees to obtain written consent from Contractor prior to accepting employment directly or indirectly with Client before the expiration of the conversion period.

Client shall not allow Contractor's Employees to handle cash, negotiables, or other valuables or to be entrusted with otherwise unattended premises or authorize such Employees to operate machinery or motor vehicles without prior written permission from Client in each instance. Client acknowledges that Contractor will not cover loss or damage resulting therefrom and will indemnify and hold Contractor harmless from any such claims, including the defense thereof, arising out of the breach of the foregoing, including if Contractor is alleged to be negligent.

Contractor does not warrant or guarantee Employee's technical expertise or ability to obtain any specific results. While on assignment, Employee's work is performed solely under Clients' direction, supervision and control. Client agrees to indemnify, hold harmless and defend Contractor against any and all claims, damages, lawsuits, expenses, (including attorney's fees) and other liabilities which result in any way from the services provided by Contractor or its Employees to Client or the results obtained therefrom, or any liability arising from any change in Employee's job responsibilities without prior approval of Contractor, any violation by Client of OSHA or similar state communication and safety regulations, or from any injuries resulting from product liability or design defects of products on Client's premises or any labor violations committed by Client, including instances where Contractor is alleged to be negligent. Contractor is not responsible for liability or bond insurance claims unless Client reports such claims to Contractor in writing within ten (10) days after occurrence.