

EMPLOYMENT HIRE PACKAGE



**PUTTING GREAT PEOPLE IN GREAT
JOBS**

Global Technical Services, Inc.

P.O. Box 161127 • Fort Worth, TX 76161-1127 • phone 817.847.6673 • fax 817.232.3905
www.teamglobal.com



AUTHORIZATION FOR APPLICANT INVESTIGATION

The below-signed individual gives TeamGlobal permission to investigate the applicant for employment. This may include accessing credit reports, criminal background investigation, drug/alcohol abuse, past employment history, and personal references. This information will be obtained for employment purposes only. Information obtained may be released to any or all immediate supervisors or their representatives for job requirement decisions. TeamGlobal abides by FCRA and other applicable rule and regulation as pertaining to personal information. This authorization will remain in-effect until the below- signed individual notifies TeamGlobal in writing of revocation of this authorization.

Applicant information:

Last Name First Name Middle Name Social Security #

Age Date of Birth (MM/DD/YY) Driver License # State Issued Area Code Telephone #

Has your driver's License ever been suspended or revoked? ☐ Yes ☐ No

LIST 2 ADDRESSES OF RESIDENCY

Current Address City State Zip Code
Make sure to include any Apt numbers or route numbers in addresses. Years at above add. _____

Previous Address City State Zip Code
Make sure to include any Apt numbers or route numbers in addresses. Years at above add. _____

REFERENCES

Full Name	Relationship	Phone Number
_____	_____	_____
Full Name	Relationship	Phone Number
_____	_____	_____

EDUCATION

School Name: _____ Subject(s) Studied: _____
Address: _____ Years Attended: _____

School Name: _____ Subject(s) Studied: _____
Address: _____ Years Attended: _____

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EMPLOYMENT HISTORY (past 4 years)

1. Company _____ Phone: _____
Job Title: _____ Pay: _____ Supervisor: _____
Job Duties: _____
From: _____ To: _____ Reason for Leaving: _____
2. Company: _____ Phone: _____
Job Title: _____ Pay: _____ Supervisor: _____
Job Duties: _____
From: _____ To: _____ Reason for Leaving: _____
3. Company _____ Phone: _____
Job Title: _____ Pay: _____ Supervisor: _____
Job Duties: _____
From: _____ To: _____ Reason for Leaving: _____
4. Company _____ Phone: _____
Job Title: _____ Pay: _____ Supervisor: _____
Job Duties: _____
From: _____ To: _____ Reason for Leaving: _____

*****CRIMINAL HISTORY INFORMATION *****DO NOT SKIP THIS QUESTION****

Have you EVER pled guilty to or been convicted of ANY criminal offense (including deferred adjudication)? Yes • No •
Do not include traffic violations for which the only penalty imposed was a fine of \$150.00 or less. CONVICTIONS: A conviction does not automatically mean you will not be employed. The circumstances surrounding a conviction will be an important consideration in determining an individual's eligibility for employment or continued employment. If your answer is yes, please explain:

Signature

Applicant Signature _____

Printed Name _____

Date _____



SELECT ALL SKILLS

COMPUTER OPERATION

- ☐ Microsoft Excel
- ☐ Microsoft Word
- ☐ UPS Shipping Software
- ☐ Fed Ex Shipping Software
- ☐ SAP
- ☐ WMS

FOOD SERVICE

- ☐ Cook
- ☐ Dishwasher
- ☐ Grill Cooking
- ☐ Prep Cooking
- ☐ Fine Dining Server
- ☐ Bartender

PRODUCTION

- ☐ Collator
- ☐ Production Line
- ☐ Quality Control
- ☐ Inspector
- ☐ Expeditor

ELECTRICAL MECH/ASSEM

- ☐ Assembly
- ☐ Blue Print
- ☐ Calipers
- ☐ Circuit Boards
- ☐ Clean Room
- ☐ Color Codes
- ☐ Crimpers
- ☐ Micrometers
- ☐ Microscope
- ☐ Schematics
- ☐ Soldering
- ☐ Surface Mount Soldering
- ☐ Wire Bonding
- ☐ J-STD Certification
- ☐ IPC-610A Certificate

FORKLIFT

- ☐ Clamp
- ☐ Sit Down
- ☐ Stand Up
- ☐ Order/Cherry Picker
- ☐ Reach Truck
- ☐ Electric Pallet Jack

WAREHOUSE

- ☐ Cycle Count
- ☐ Installer
- ☐ Inventory
- ☐ Mail Room
- ☐ Order Puller
- ☐ Picking
- ☐ Pricing/Ticketing
- ☐ Shipping/Receiving
- ☐ Stocking/Stockroom
- ☐ Packing

GENERAL LABOR

- ☐ Lifting 10 lbs
- ☐ Lifting 20 lbs
- ☐ Lifting up to 50 lbs

MACHINE OPERATOR

- ☐ Bridge Port
- ☐ Cincinnati
- ☐ CNC Operator
- ☐ CNC Programmer
- ☐ Deburring/Grinder
- ☐ Drill Press
- ☐ Facial
- ☐ General Electric
- ☐ Machinist
- ☐ Machine Operator
- ☐ Machine Set Up
- ☐ Prototype

MAINTENANCE

- ☐ Auto/Mechanic
- ☐ Electrician
- ☐ Facility Maintenance
- ☐ Maintenance Tech
- ☐ Maintenance Manager

MANAGEMENT

- ☐ Lead
- ☐ Shift Leader
- ☐ Supervisor
- ☐ Manager

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Emergency Contact Information

Candidate Name:

Date: _____

In the event of a disaster or accident, TeamGlobal would like to have on record the name of a person to be notified. This information will be maintained in your file; to be available for emergency use.

Person to be notified:

Relationship:

Home Phone:

Work Phone:

Address

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APPLICANT DATA FORM

We are an Affirmative Action, Equal Opportunity Employer. Our employment decisions are made without regard to race, color, religion, gender, national origin, age, disability, marital status, veteran or military status, or any other legally protected status. The purpose of this Applicant Data Form is to comply with government record-keeping and reporting requirements. The data you provide on this form will be kept confidential and used solely for statistical purposes. This form is processed and maintained separately from your employment application and is not used in the interview or selection process. Completion of this form is optional and voluntary.

Last Name:	First Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
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Race/ Ethnicity (Check All That Apply)

<input type="checkbox"/> White (Not Hispanic/Latino): All persons having origins in any of the original peoples of Europe, North Africa, The Middle East or The Indian Subcontinent.	<input type="checkbox"/> Hispanic/Latino: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish Culture origin, regardless of race.
<input type="checkbox"/> Black (Not Hispanic/ Latino): All persons having origins in any of the Black Racial Groups	<input type="checkbox"/> American Indian or Alaskan Native: All persons having origins in any of the original peoples of North America.
<input type="checkbox"/> Asian: All persons having origins in any of the original peoples of the Far East, Southeast Asia, and the Indian sub continent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.	<input type="checkbox"/> Native Hawaiian or other Pacific Islander: All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
	<input type="checkbox"/> Two or More Races: (Not Hispanic/ Latino): All persons who identify with more than one of the above five races.

Disability

<input type="checkbox"/> Disabled Individual: "Qualified Disabled Individual" means a disabled individual who is capable of performing a particular job with reasonable accommodation to his or her disability.
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Veteran Status (Check All That Apply)

<input type="checkbox"/> Disabled Veteran: A veteran of the U.S. military, ground, naval, or air service who is entitled to compensation (or who, but for the receipt of military retired pay, would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or a veteran who was discharged or released from active duty because of a service connected disability.
<input type="checkbox"/> Veteran of the Vietnam Era: Means a person who served on active duty for more than 180 days between August 5, 1964 and May 7, 1975, and who was discharged or released with other than a dishonorable discharge or was discharged or released from active duty for a service connected disability.
<input type="checkbox"/> Recently Separated Veteran: Any veteran who served on active duty in the U.S. military ground, naval, or air service during the three-year period beginning on the date of such veteran's discharge or release from active duty.
<input type="checkbox"/> Other Protected: A veteran who served on active duty in the U.S. military, ground, naval, or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
<input type="checkbox"/> Armed Forces Service Medal Veteran: A veteran who, while serving on active duty in the U.S. military, ground, naval, or air service, participated in a United States operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Applicant Signature: _____

Date: _____

Revised 11/2016

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JOB DESCRIPTION REQUIREMENTS/ESSENTIAL FUNCTIONS

The following are physical requirements pertaining to the jobs for which you are applying. These bona fide physical requirements are essential functions and are in addition to the skills, certifications, years of experience or other qualifications required to perform the job(s) for which you have applied.

Please consider them carefully because you will be required to perform these functions.

You must be able to:

1. Grip, Grasp, or Twist using your hands and your hands and wrist regularly during your shift.
2. Be on your feet for long periods (possibly entire shift).
3. Sit or stand long periods during the day.
4. Bend, stoop and twist regularly during the day.
5. Lift and/or carry up to 50 pounds.
6. Walk extended distances.
7. Operate general office machines.
8. Possibly work around high noise levels.
9. Be exposed to dust and chemical smells.
10. If required, wear personal protective equipment, such as goggles, safety glasses, weight belts, gloves, etc.
11. Wear respirator, if required.

Note: All applicants will be given these requirements*

I understand, and declare that I can perform all functions listed above.

Applicant Signature: _____

Applicant Name (Print): _____

Date: _____

*Note: If you believe you require accommodation in order to perform the essential functions of any job for which you are applying, please contact Human Resources with your request for accommodation.

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POLICIES AND PROCEDURES CHECKLIST

Initials

- ___1. I understand employer takes its responsibility as my employer very seriously, and that it had gone to great length to provide a safe environment. If I am injured on the job, I will report the injury immediately to an employer's representative and may be required to submit to a drug screen and/or alcohol test after such any injury associated or related to my assignment. I am aware that employer has workers compensation insurance that will pay medical expenses and wage on legitimate claims. I also understand that employer has extensive experience investigation claims and will fight fraudulent claims with all available resources.
- ___2. If I sustain an injury on the job, I will inform the client and employer immediately who will coordinate with the client and myself the proper procedures for treatment and reporting of the accident.
- ___3. Employer has a strict "Substance Abuse Policy", and I have signed a consent form to submit to drug testing. I understand that my failure to comply with the agreement will be grounds for disciplinary action up to and including termination of employment.
- ___4. I understand and will comply with employer safety rules and regulations and hazardous communication program explained to me in employer's orientation. I will always be safety cautious and wear proper safety attire according to the assignment.
- ___5. I am telephone accessible and I have reliable transportation.
- ___6. I understand that I am an employee of employer and only employer or I can terminate my employment. When an assignment ends I must report to employer for my next job assignment. Failure to do so or to accept my next job assignment will indicate that I have voluntarily quit and may not be eligible for unemployment benefits.
- ___7. I understand that I am expected to complete any job assignment I accept. I understand that if I do not complete or promptly notify my inability to complete the assignment, or I do not report for my assignment then employer may assume I have voluntarily quit, and I may not be eligible for unemployment benefits.
- ___8. If for some unexpected reason, such as an emergency or illness, I cannot make it to work or will be late, I will contact employer as soon as possible but no later than 2 hours prior to the start of my shift.
- ___9. I understand employer's requirements for receiving information documenting hours worked, the method of providing this information, and the time frame for me provide this information. I understand employer will not recognize or pay for any hours worked by an employee without proper documentation verifying hours worked. If required to turn in your own timecard, **please turn in your timecard no later than Monday by noon. If turned in late this will cause delay on your payroll.**
- ___10. I have read and fully understand the above statements regarding employer'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 employment.

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- ___11. Always arrive 15 min before or on time for an interview or an assignment.
- ___12. Please do not use company/client company telephones, computers or internet for personal use.
- ___13. Please do not use cell phones, beepers, video equipment or audio headphones during work hours. All equipment should be turned off during work hours. Failure to comply may lead to further disciplinary action up to and including the end of your assignment and/or termination from employer.
- ___14. Payday is every Friday between 8am – 5pm. For your protection employer requires a picture ID to be presented at the time of picking up check.

Applicant Signature

Date

Applicant Name

Employer's Representative Signature

Date

Name

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Accident/ Injury Reporting Procedure

1. Report the incident to your immediate supervisor and the on-site safety manager within 24 hours of accident/ injury occurring. Then your TeamGlobal representative at **(817) 847-6673, (select option 6, then 5 OR ext 2164 or 2113)** immediately after reporting the incident to client representative. A post accident drug and alcohol screening and medical treatment will be authorized by our Global Drug Abatement Department. Please have employee's information and details of incident available, as it will be requested.
2. If you do not have an on-site coordinator or cannot get in touch with your recruiter, **contact compliance department directly at (817) 234-9564 or via email at kmeisinger@teamglobal.com**, so that we can provide medical treatment authorization and coordinate a post accident drug & alcohol screening with our Drug Abatement Manager. When contacting us we will need the following information:
 - a) Employees name
 - b) Social security # (if available)
 - c) Employee contact information
 - d) Supervisor contact information (if available)
 - e) Witness contact information (if any)
 - f) Brief description of the incident
 - g) Whether or not the employee is seeking medical attention

Note: Non-emergency injuries after 5 PM central for which the employee needs minor medical treatment the employee may call **(817) 234-9564 OR (817) 653-2857. If the injury requires emergency care Call 911, or please visit the nearest emergency room to seek immediate attention and contact the human resources department on the next business day (Mon-Fri: 8 AM to 5 PM - Central), to provide details of the incident.**

3. If the incident occurs after hours or on the weekend and requires **immediate medical attention** send the employee to the nearest Emergency Room. If immediate treatment is not required and only first aid is needed, the employee can seek medical attention at an Urgent Care Center on the next day. Please notify us as soon as possible on the next business day, unless we are closed due to an observed holiday, you can notify us on the proceeding day.
4. We will need a copy of the incident report by the end of day, and no later than the following day after an incident occurs. Submission of the incident report is important in assuring we are in compliance in reporting work related incidents/ injuries as required by law.
5. Once the employee has been screened and treated by a physician (if medical attention is needed), they are required to return to the job site and report to the on-site coordinator, HR dept, or supervisor with a work status report from the treating doctor. If there are restrictions assigned to the employee and no light duty is available please notify us.
6. Please forward any post accident documentation to kmeisinger@teamglobal.com; cc: kkilgore@teamglobal.com.

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Accident/ Injury Reporting Procedure

Safety Policy

Safety First

The Safety of our employees ALWAYS comes first. We want you to be productive and at work. Without you, the work does not get completed and orders fall behind. Your absence puts a burden on our employee team and working safely means there is less of a chance that you will miss work because of an injury.

As in any business, we have certain rules that must be followed to ensure the safety of each member of our employee team. Your own awareness of potentially unsafe situations and your urgency in reacting to these situations in a "safe" manner can prevent most accidents. Therefore, we require that all of our employees actively participate in accident preventative activities. Before operating any equipment or attempting a new procedure for the first time, consult your supervisor for a demonstration of the proper technique.

Employee Safety Policy

Safety is everyone's concern. The following policy provisions outline specific responsibilities for accident prevention and on the job and provide safety rules for you day-to-day activities. The provisions of this policy apply to all employees.

Accident Prevention

A. Company Responsibilities:

1. Provide proper safety training to you.
2. Provide safety equipment or supplies, where required, to protect you against possible hazards.

B. Company Management Responsibilities:

1. Conduct inspections to eliminate unsafe working conditions or practices and to control health hazards to meet compliance with all OSHA safety and health standards.
2. Investigate every accident and ensure that the likelihood of it occurring again is minimized.

C. Employee Responsibilities:

Each employee has the obligation and is required to:

1. Observe all safety rules and procedures.
2. Properly use any safety equipment provided as required.
3. Practice safety at all times and do not create any safety hazards.
4. Report all safety hazards to your supervisor immediately.

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Accident/ Injury Reporting Procedure

5. Remain on the Company premises while on the clock (unless permission to leave has been given by your supervisor).

When Injuries Occur On The Job

Definition of an On-The-Job Injury

An on-the-job injury is defined as an injury that occurs as a direct result of your performing a job-related task as a part of your normal and expected requirements or your job duties and responsibilities in accordance with all applicable work and safety rules and procedures.

This definition covers only the time period when you are regularly scheduled to work, which is when you have clocked in and are scheduled to begin a shift and ceases when you have clocked out for any reason.

Overview of Policy Provisions

1. All injuries incurred on the job **MUST** be reported **IMMEDIATELY** to your supervisor/ Global. A drug screen may be required of any employee who is injured at work or who is involved in another employee's injury at work.

ANY EMPLOYEE WHO FAILS TO REPORT AN INJURY IMMEDIATELY TO HIS OR HER SUPERVISOR WILL BE SUBJECT TO DISCIPLINARY ACTION UP TO INCLUDING TERMINATION.

2. Your acceptance of medical treatment does not obligate the Company to pay any or all related medical expenses. Generally, all related expenses will be paid by Workers' Compensation Insurance, but the following procedures must be followed to insure timely payment.
 - a) You may go to the physician of your choice.
 - b) Upon diagnosis, you must immediately notify your supervisor/ Global of your expected recovery time. While recovery from a job-related injury, you are required to maintain daily contact with your supervisor/ Global.
3. You will not be allowed to return to work for modified or regular duty until released by your physician. Failure to return to modified or regular work immediately following medical release may result in disciplinary action up to and including termination.
4. All employees will be subject to consequences for submitting fraudulent claims for injuries on the job to include the following:
 - a) Employees submitting fraudulent claims for injuries allegedly suffered on the job are subject to disciplinary action up to and including termination and civil or criminal penalties.
 - b) If the company management determines that an injury claim is fraudulent in any manner, appropriate company policy action and legal remedies will be pursued.

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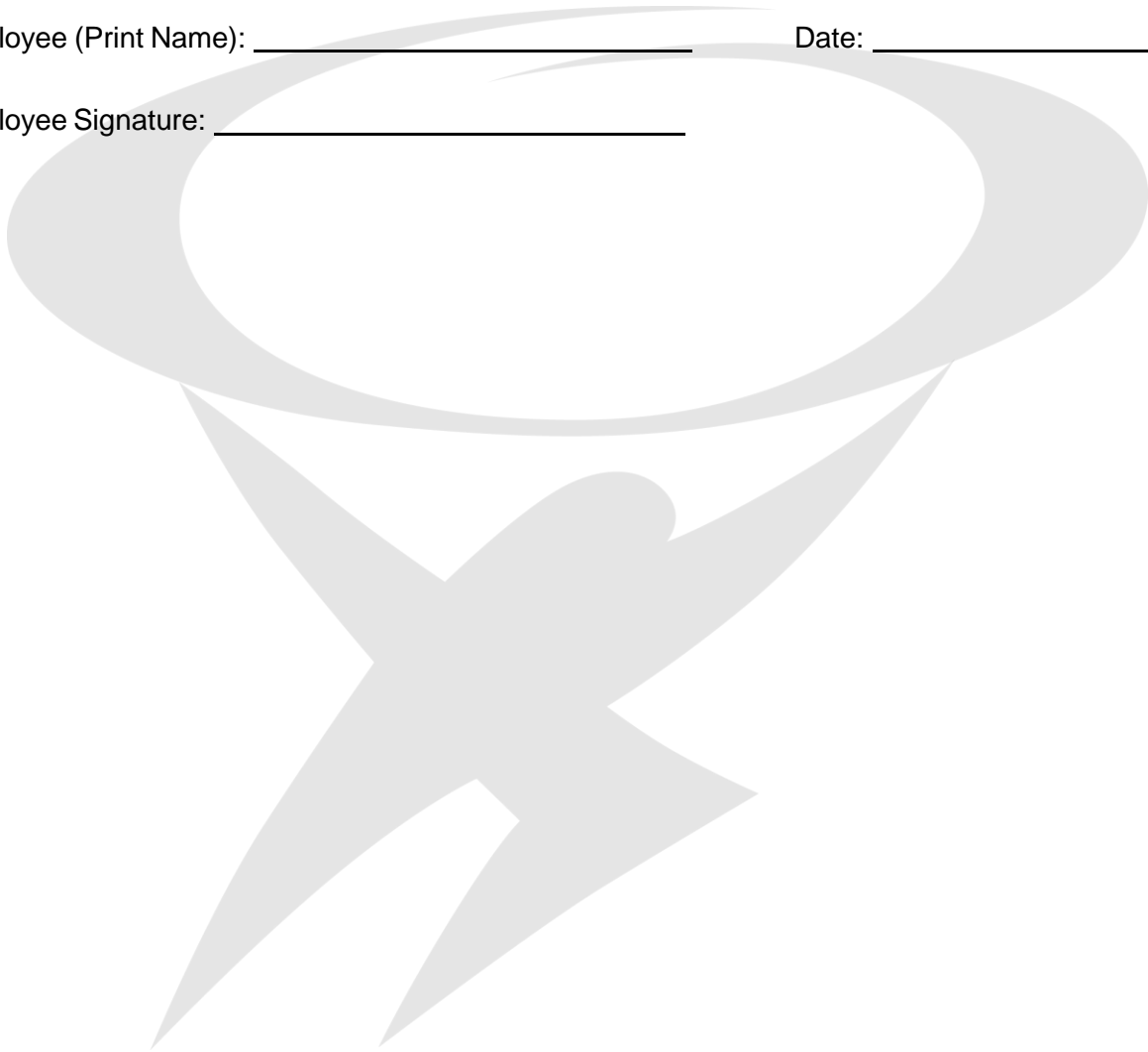
Accident/ Injury Reporting Procedure

- c) Any employee found to be withholding information regarding an alleged employee injury will be subject to disciplinary action up to and including termination.
- 5. Employees who fail to comply with any provision of these safety policies are subject to disciplinary action up to and including termination.

Employee Acknowledgement:

Employee (Print Name): _____ Date: _____

Employee Signature: _____



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MEDICAL INFORMATION RELEASE

I, the undersigned employee, authorize employer to request and obtain all records regarding any industrial accident/injury or occupational disease involving myself and employer.

This is to include doctor's reports, follow-up reports, nurse's notes, medical bills, test results, etc.

A facsimile or photo static copy of this authorization shall be considered as effective and valid as the original.

This release shall remain in effect until specifically rescinded by me.

Employee Print Name:

Date:

Employee Signature:

Date:

CONDITIONAL JOB OFFER MEDICAL QUESTIONNAIRE

All persons are required to furnish health conditions information and if necessary, submit to an examination by a company designated physician. This information will be used to determine appropriate job placement. It shall not be used to disqualify an otherwise qualified person who may have a mental or physician disability.

These questions pertain only to the essential functions of the job.

1. Do you have any conditions or have you sustained any injury that would have an effect on your capacity to perform the duties of this position with or without reasonable accommodations? YES NO

By completing and signing this form, I am verifying that employer has already presented a conditional job offer for me.

Signature of Employee:

Date:

Signature of Employer:

Date:

Note: All potential employees will be asked these questions.

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Harassment

It is the policy of TeamGlobal will not tolerate harassment of any kind. Harassment is considered conduct which is focused on a person or group of persons including but not limited to physical or verbal abuse, unwelcome activity of a sexual nature, retaliation, as well as any behavior or action which interferes with an employee's ability to perform assignments or which creates a hostile or intimidating work environment. With respect to sexual harassment, TeamGlobal prohibits:

1. Unwelcome sexual advances; requests for sexual favors; all over verbal or physical conduct of a sexual or otherwise offensive nature, especially where:
 - a. Submission to such conduct is made either explicitly or implicitly a term or condition of employment;
 - b. Submission to or rejection of such conduct is used as the basis for decisions affecting an individual's employment; or
 - c. Such conduct has the purpose or effect of creating an intimidating, hostile, or offensive working environment.
2. Offensive comments, jokes, innuendoes and other sexually oriented statements.

Complaint Procedure

If you feel that you have been subjected to any type or degree of harassment, you should report the incident verbally or in writing to any member of the TeamGlobal's management within 48 hours of the incident. You should include the specific nature of the harassment and the dates(s) and places(s) such harassment took place, along with the employee's name. Complaints of harassment will be promptly and carefully investigated and will include interviews with all relevant persons including the complainant, the accused, and other potential witnesses. Your complaint will be kept confidential to the maximum extent possible. If the results of the investigation indicate that an employee has harassed another employee, appropriate disciplinary action, up to and including termination, will be taken.

TeamGlobal prohibits any form of retaliation against any employee for filing a bona fide complaint under this policy or for assisting in a complaint investigation. However, if after investigating the complaint of harassment or unlawful discrimination, the Company determines that the complaint is not bona fide or that an employee has provided false information regarding the complaint, disciplinary action, up to and including termination, may be taken against the individual who filed the complaint and/or who gave false information.

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Equal Employment Opportunity Policy Statement

TeamGlobal supports and promotes the concepts of equal employment opportunity in agreement with all applicable federal, state, and municipal laws and guidelines. The Company will follow all laws that are enacted and enforced by the U.S. Department of Labor. Positive action will be taken to comply with this policy in all areas of employment, including but not limited to the following:

1. Hiring, placement, transfer, promotion, termination and demotion;
2. Training, development and education assistance;
3. Compensation and benefits;
4. Discipline.

TeamGlobal will not allow the discrimination or harassment of individuals with regard to race, color, religion, national origin, sex, age, disability, or veteran status.

I accept and will abide by all terms and conditions:

Print Name

Employee Signature

Date

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GLOBAL TECHNICAL SERVICES, INC.

DISPUTE RESOLUTION PROGRAM AND MUTUAL AGREEMENT TO ARBITRATE CLAIMS

A BETTER WAY TO RESOLVE DISPUTES

In recognition of the fact that, from time to time, differences may arise between Global Technical Services, Inc. (referred to below as the "Company") and its employees during, or after, each employee's employment, and in recognition of the fact that resolution of differences in the courts is rarely time or cost effective for either party, the Company has instituted a Dispute Resolution Program (the "Program"). In furtherance of the Program, the Company and each of its employees have entered into a Mutual Agreement to Arbitrate Claims ("Agreement") as an efficient, impartial and cost-effective dispute resolution procedure.

1. Mutual Agreement to Resolve Disputes Through Arbitration

This Program is mutual, covering all claims that each Employee may have against the Company or that the Company may have against another Employee. All references to the "Company" in this Agreement shall include Global Technical Services, Inc. and all of its subsidiary and affiliated entities, including all former, current and future officers, directors and employees of all such entities, all benefit plans and their fiduciaries and administrators, and all successors and assigns of these individuals or entities. All references to "Employee" include each employee and his/her spouse, parents, children, representative, successor, or any person or entity claiming by or through the Employee.

2. Claims Covered by This Agreement.

Except as otherwise provided in this Program, the Company and the Employee consent to the resolution by arbitration of all claims or controversies involving Employee's application with, employment with, or termination from, the Company.

The Claims covered by this Program include, but are not limited to, claims for standard wages, overtime wages (including class action claims for overtime wages), or other compensation or benefits due; claims for breach of any contract, express or implied; personal injury and employment related tort claims (including claims for negligence, gross negligence, and intentional harm); claims for discrimination or harassment of any kind - including without limitation harassment or discrimination based on gender, race, nationality, ethnicity, disability, religion and age; and claims for violation of any federal or state statute or common law or regulation, and including claims from applicants for employment.

3. Claims Not Covered by This Agreement.

The Dispute Resolution Program does not apply to or cover claims for workers' compensation or unemployment compensation benefits; claims for money owed by an employee, whether by theft, breach of a Company policy or otherwise; claims for injunctive and/or other equitable relief for intellectual property violations, unfair competition and/or the use and/or unauthorized disclosure of trade secrets or confidential information; or claims based upon an employee pension or benefit plan that contains an arbitration or other non-judicial resolution procedure, in which case the provisions of that plan shall apply.



Nothing in this Program will preclude the parties from agreeing to resolve claims that are otherwise not covered by this Agreement pursuant to the provisions of this Agreement.

4. Governing Law and Damages Recoverable under the Program.

➤ **Interstate Commerce and the Federal Arbitration Act**

Employee acknowledges that the Company is engaged in transactions involving interstate commerce. Except as provided elsewhere in this Program, the Federal Arbitration Act shall govern the interpretation, enforcement and all proceedings pursuant to this Program.

➤ **Applicable Law for Resolving Claims**

All arbitrations covered by this Program shall be adjudicated in accordance with the state or federal law which would be applied by a United States District Court sitting at the place of the hearing.

➤ **Employee Retains Right and Obligation to Satisfy Federal and State Conditions Precedent on Employment Related Claims**

This Agreement does not alter Employee's obligation, nor affect Employee's right, to satisfy the conditions precedent to bringing a claim under Title VII of the Civil Rights Act of 1964, the ADEA, the Americans with Disabilities Act or the comparable State Commission that has concurrent jurisdiction with the Equal Employment Opportunity Commission.

➤ **Damages Recoverable**

The arbitrator will have the authority to award the range of damages permitted by the state or federal statutory law or common law, code or regulation that is the subject of the claim.

5. Waiver of Right to Jury.

Although Employee and Company waive no claims that may be asserted against the other, by entering into the Agreement under this Program, the Company and Employee each knowingly and voluntarily waive any and all rights they have under law to a trial before a jury or before a judge in a court of law.

6. Initiation of the Arbitration Process.

The arbitration process can be initiated in two ways: (1) Company and Employee can voluntarily agree to submit the dispute to mediation or arbitration or (2) the aggrieved party can file a written claim. Claims under this Agreement must be submitted to either the Judicial Arbitration and Mediation Services ("JAMS") 214-744-5267 or the American Arbitration Association ("AAA") 972-702-8222.

7. Arbitration Procedures.

Arbitrations pursuant to this Program shall be conducted in accordance with the procedures set forth in the JAMS or AAA Rules of Procedure, except where those Rules conflict with this Program, in which case the terms of the Program shall govern. The parties shall use one arbitrator only and will choose the arbitrator from the panel provided by JAMS or AAA by either (1) agreement of Employee and the Company or (2) each party striking arbitrators from the panel provided until the AAA or JAMS choose an arbitrator from the remaining names on the list.

8. Representation.

Each party may be represented by an attorney at any arbitration covered by this Program.

9. Fees and Costs.



GLOBAL TECHNICAL SERVICES, INC.

DISPUTE RESOLUTION PROGRAM AND MUTUAL AGREEMENT TO ARBITRATE CLAIMS

A BETTER WAY TO RESOLVE DISPUTES

In recognition of the fact that, from time to time, differences may arise between Global Technical Services, Inc. (referred to below as the "Company") and its employees during, or after, each employee's employment, and in recognition of the fact that resolution of differences in the courts is rarely time or cost effective for either party, the Company has instituted a Dispute Resolution Program (the "Program"). In furtherance of the Program, the Company and each of its employees have entered into a Mutual Agreement to Arbitrate Claims ("Agreement") as an efficient, impartial and cost-effective dispute resolution procedure.

1. Mutual Agreement to Resolve Disputes Through Arbitration

This Program is mutual, covering all claims that each Employee may have against the Company or that the Company may have against another Employee. All references to the "Company" in this Agreement shall include Global Technical Services, Inc. and all of its subsidiary and affiliated entities, including all former, current and future officers, directors and employees of all such entities, all benefit plans and their fiduciaries and administrators, and all successors and assigns of these individuals or entities. All references to "Employee" include each employee and his/her spouse, parents, children, representative, successor, or any person or entity claiming by or through the Employee.

2. Claims Covered by This Agreement.

Except as otherwise provided in this Program, the Company and the Employee consent to the resolution by arbitration of all claims or controversies involving Employee's application with, employment with, or termination from, the Company.

The Claims covered by this Program include, but are not limited to, claims for standard wages, overtime wages (including class action claims for overtime wages), or other compensation or benefits due; claims for breach of any contract, express or implied; personal injury and employment related tort claims (including claims for negligence, gross negligence, and intentional harm); claims for discrimination or harassment of any kind - including without limitation harassment or discrimination based on gender, race, nationality, ethnicity, disability, religion and age; and claims for violation of any federal or state statute or common law or regulation, and including claims from applicants for employment.

3. Claims Not Covered by This Agreement.

The Dispute Resolution Program does not apply to or cover claims for workers' compensation or unemployment compensation benefits; claims for money owed by an employee, whether by theft, breach of a Company policy or otherwise; claims for injunctive and/or other equitable relief for intellectual property violations, unfair competition and/or the use and/or unauthorized disclosure of trade secrets or confidential information; or claims based upon an employee pension or benefit plan that contains an arbitration or other non-judicial resolution procedure, in which case the provisions of that plan shall apply.



Nothing in this Program will preclude the parties from agreeing to resolve claims that are otherwise not covered by this Agreement pursuant to the provisions of this Agreement.

4. Governing Law and Damages Recoverable under the Program.

➤ **Interstate Commerce and the Federal Arbitration Act**

Employee acknowledges that the Company is engaged in transactions involving interstate commerce. Except as provided elsewhere in this Program, the Federal Arbitration Act shall govern the interpretation, enforcement and all proceedings pursuant to this Program.

➤ **Applicable Law for Resolving Claims**

All arbitrations covered by this Program shall be adjudicated in accordance with the state or federal law which would be applied by a United States District Court sitting at the place of the hearing.

➤ **Employee Retains Right and Obligation to Satisfy Federal and State Conditions Precedent on Employment Related Claims**

This Agreement does not alter Employee's obligation, nor affect Employee's right, to satisfy the conditions precedent to bringing a claim under Title VII of the Civil Rights Act of 1964, the ADEA, the Americans with Disabilities Act or the comparable State Commission that has concurrent jurisdiction with the Equal Employment Opportunity Commission.

➤ **Damages Recoverable**

The arbitrator will have the authority to award the range of damages permitted by the state or federal statutory law or common law, code or regulation that is the subject of the claim.

5. Waiver of Right to Jury.

Although Employee and Company waive no claims that may be asserted against the other, by entering into the Agreement under this Program, the Company and Employee each knowingly and voluntarily waive any and all rights they have under law to a trial before a jury or before a judge in a court of law.

6. Initiation of the Arbitration Process.

The arbitration process can be initiated in two ways: (1) Company and Employee can voluntarily agree to submit the dispute to mediation or arbitration or (2) the aggrieved party can file a written claim. Claims under this Agreement must be submitted to either the Judicial Arbitration and Mediation Services ("JAMS") 214-744-5267 or the American Arbitration Association ("AAA") 972-702-8222.

7. Arbitration Procedures.

Arbitrations pursuant to this Program shall be conducted in accordance with the procedures set forth in the JAMS or AAA Rules of Procedure, except where those Rules conflict with this Program, in which case the terms of the Program shall govern. The parties shall use one arbitrator only and will choose the arbitrator from the panel provided by JAMS or AAA by either (1) agreement of Employee and the Company or (2) each party striking arbitrators from the panel provided until the AAA or JAMS choose an arbitrator from the remaining names on the list.

8. Representation.

Each party may be represented by an attorney at any arbitration covered by this Program.

9. Fees and Costs.



The party requesting the arbitration shall pay to the JAMS or AAA its filing fee up to a maximum of \$150.00 when the claim is filed. The Company shall pay for the remainder of the AAA or JAMS filing fee. The Company shall pay for the first hearing day, except that Employee pays \$100 of the first hearing day. All other arbitration costs shall be paid by the Company. Except as provided below, each party will pay for each party's own costs and attorneys' fees, if any. However, the arbitrator may, in his or her discretion, permit the prevailing party to recover fees and costs only to the extent permitted by applicable law. If Employee cannot share the fees described above for financial reasons, Employee can request that Company pay the remainder of the arbitration costs to the AAA or JAMS.

10. Venue and Selection of Arbitrators.

For all arbitration proceedings, regardless of the location of the dispute, the parties will utilize only arbitrators from an AAA or JAMS panel of arbitrators and will select from a panel of arbitrators from the Austin, Dallas, or Houston, Texas, AAA or JAMS office. The Company will pay for the travel expenses associated with having the arbitrator travel to the arbitration. Venue for the location of each arbitration proceeding will be established on a regional basis and will depend on the geographic location of the Company's location where the Employee worked or (when applicable) applied for employment.

If for any reason an arbitrator chosen by the parties is unable to serve as arbitrator, Employee and Company will request a new list from the AAA or JAMS panel of arbitrators from which the parties will select a replacement arbitrator. The parties will then either agree on an arbitrator from the panel provided by the administering organization or strike arbitrators from the panel provided, at which time the administering organization will select an arbitrator from those remaining on the list.

11. Dispositive Motions.

The arbitrator will have the authority to consider and grant motions dispositive of all or part of any claim, using the standards governing such motions under the Federal Rules of Civil Procedure. This includes motions of summary judgment, which, if granted, allow a party, prior to the arbitration, to either (1) have all or part of the other party's claim dismissed or (2) obtain an affirmative finding on a claim brought by that party.

12. Discovery.

The parties will be entitled to engage in discovery in the form of requests for documents, interrogatories, requests for admission, physical and/or mental examinations and depositions under the standards provided by the Federal Rules of Civil Procedure and Federal Rules of Evidence. Each side will be limited to no more than four depositions (not including experts) and an aggregate of 40 discovery requests of any kind, including sub-parts, except as mutually agreed to by the parties or as ordered by the arbitrator.

At a mutually agreeable date, the parties will exchange lists of experts who will testify at arbitration. Each side may depose the other side's experts, and obtain the documents they reviewed and relied upon, and these depositions will not be charged to the parties' aggregate limit on discovery requests or the four deposition limit. Any disputes concerning discovery shall be resolved by the arbitrator, with a presumption against increasing the aggregate limit of requests; additional discovery requests and/or depositions shall be granted only upon a showing of good cause.

13. Exclusive Remedy.

For claims covered by this Program, arbitration is the parties' exclusive remedy. The arbitrator has exclusive authority to resolve any dispute relating to the applicability or enforceability of the Agreement. The arbitrator shall have no power to vary or ignore the terms of this Agreement and shall be bound by controlling law and the Federal Rules of Evidence.



The arbitrator shall render an award and a written opinion to both parties in the form typically rendered in labor arbitrations. The decision of an arbitrator on any claims submitted to arbitration shall be in writing, setting forth the findings of fact and law and the reasons supporting the decision and shall be final and binding upon the parties, except that both parties shall have the right to appeal to the appropriate court any errors of law in the decision rendered by the arbitrator.

The standard for appeal will be based on the standard utilized by the applicable federal court of appeals governing the jurisdiction where the arbitration proceeding took place.

14. Agreed Statute of Limitations and Required Compliance with Commission Deadlines.

Failure to request arbitration within two (2) years of the date when the dispute, or occurrence(s) giving rise to the claim, first arose will constitute a waiver of all rights to raise any claims in any forum arising out of any dispute that was subject to arbitration. In defining the start of the limitations period for each claim subject to the Agreement, the arbitrator will look to the applicable federal or state statute and/or case law for that claim. You must also comply with the applicable deadlines for filing a charge of discrimination with any federal, state or local agency (such as the Equal Employment Opportunity Commission, Texas Commission on Human Rights or other comparable commission); and filing such a charge is a prerequisite to filing a claim under this arbitration program for any claim in which the applicable law requires a charge to be filed with a federal, state or local commission.

MISCELLANEOUS TERMS

• **Consideration.**

In addition to any other consideration that may exist for the agreement to arbitrate, each party's mutual promise to resolve claims and controversies by arbitration in accordance with the provisions of this Program and the Agreement between the parties constitutes consideration for the Agreement to Arbitrate. Likewise, Employee's continued employment with the Company after receiving notice of the institution of this Program will also constitute consideration for the agreement to arbitrate.

• **Not an Employment Agreement.**

The agreement to arbitrate (as set forth in the Program and the Agreement) does not create, nor should it be construed to create, any contract of employment, express or implied, nor shall this Program or the Agreement be construed in any way to alter the at-will status of an employment. The Program is a condition of hire and of continued employment. Any new employee agrees to be bound by the terms and conditions of the Program. Any current employee, who continues their employment after their notification of the Program shall be deemed to have agreed to be bound by the terms and conditions of the Program.

• **Term, Modification and Revocation.**

The parties' agreement to arbitrate shall survive the employer-employee relationship between the Company and the Employee and shall apply to any covered claim whether it arises or is asserted during or after termination of the Employee's employment with the Company or the expiration of any benefit plan. This Program can be modified or revoked in writing by the Company, but only with at least three days' prior written notice to the Employees of that modification or revocation. Any revocation or modification will only apply to those claims on which a lawsuit or arbitration has not already been initiated by Company or Employee.

• **Severability.**

If any provision of this Program is adjudged to be void or otherwise unenforceable, in whole or in part, such adjudication shall not affect the validity of the remainder of the Agreement. The Court, at its discretion, can insert a substitute provision or revise the illegal provision consistent with the applicable law.

- **Sole and Entire Agreement.**

This Program document and the Mutual Agreement to Arbitrate constitute the complete agreement of the parties on the subject of arbitration of disputes, except for any arbitration provision contained in any pension plan, benefit plan, or collective bargaining agreement. This Program document and the Mutual Agreement to Arbitrate supersede any prior or contemporaneous oral or written agreement or understanding on the subject.





**RECEIPT OF
GLOBAL TECHNICAL SERVICES, INC.'S
Dispute Resolution Program
and
Mutual Agreement to Arbitrate Claims**

Employee has received and reviewed Global Technical Services, Inc.'s Dispute Resolution Program and Mutual Agreement to Arbitrate Claims, understands that the Dispute Resolution Program is mandatory and applicable to all Employees as of April 1, 2006, and understands that a copy of the Acknowledgment will be placed in his/her file. Employee has had an opportunity to ask his/her supervisor and the Global Technical Services, Inc.'s management any questions he/she may have concerning the Agreement.

Employee (Printed Name)

Date

Employee Signature

Witness

Date

Title

\2399.09000/257194v2



PAY OPTION AUTHORIZATION FORM

EMPLOYEE'S NAME: _____

SSN: _____

I would like to paid by:

Direct Deposit

Comdata PayCard

Please complete the portion below for each selection that you make

DIRECT DEPOSIT

I am applying for:

☐ New Direct Deposit

☐ Change(s) in current Direct Deposit

Please include a blank voided personal check or a direct deposit letter taped to paper below. Deposit slips cannot be accepted.

*****tape here*****

Direct Deposit is a benefit provided by TeamGlobal (hereinafter called COMPANY) and by signing below you have voluntarily chosen to receive your wages by direct deposit instead of receiving a COMPANY-generated paycheck on payday. Your paycheck should be deposited and available on each Friday. Due to the nature of the electronic funds transfer process, you may incur delays receiving the funds in certain situations, including but not limited to bank or legal holidays, acts of God, electronic failures and COMPANY or bank errors. You are responsible for contacting your bank to verify that funds were deposited in your account prior to using them. The Direct Deposit payment does, however, have a one-week delay in processing, which will produce a live paper check for your first payment, in which Global will take great care in making sure you receive.

I hereby authorize COMPANY to deposit my net pay in the account as indicated above. Also, in the event there is an overpayment, I authorize COMPANY to either directly withdraw funds from the above bank account or directly withhold any monies from future deposits. Where a payment has been deposited to me in error, I will remit to COMPANY all monies paid by check or money order. I also authorize COMPANY to contact the bank to verify any of the above information. I understand that COMPANY will not be responsible for any overdrafts on my account. I hereby release COMPANY from any liability associated with the availability of funds including but not limited to bank fees, penalties, interest charges or other costs. You may elect to have a Direct Deposit and a Paycard.

I authorize the selection made above and agree to all terms associated with this selection.

Employee's Signature

Date Signed

Global Technical Services, Inc.

P.O. Box 161127 • Fort Worth, TX 76161-1127 • phone 817.847.6673 • fax 817.232.3905
www.teamglobal.com



COMDATA PAYCARD

EMPLOYEE'S NAME: _____

SSN _____

I am applying for:

New PayCard

Reactivation of PayCard

I would like my PayCard to be sent to:

Please indicate the dollar amount that you would like to have deposited onto your PayCard. You may elect to have "ALL" of your earnings credited to your PayCard or a select amount.

☐

AMOUNT: \$ _____

OR

☐

ALL

Phone # _____

Address: _____

City _____

State: _____

Zip _____

******Your Activation Code will be your Date of Birth: MMDDYYYY******

The Comdata MasterCard PayCard (hereinafter called PayCard) is a benefit provided by TeamGlobal (hereinafter called COMPANY) and by signing below you have voluntarily chosen to receive your wages by PayCard deposit instead of receiving a COMPANY-generated paycheck on payday. Your PayCard funds will be available on each Friday. Due to the nature of the electronic funds transfer process, you may incur delays receiving the funds in certain situations, including but not limited to bank or legal holidays, acts of God, electronic failures and COMPANY or bank errors. You are responsible for contacting Comdata to verify that funds were deposited in your account prior to using them.

I hereby authorize COMPANY to deposit my net pay in the account as indicated above. Also, in the event there is an overpayment, I authorize COMPANY to either directly withdraw funds from the above bank account or directly withhold any monies from future deposits. Where a payment has been deposited to me in error, I will remit to COMPANY all monies paid by check or money order. I also authorize COMPANY to contact Comdata to verify any of the above information. I understand that COMPANY will not be responsible for lost or stolen cards and in the event that my card is lost or stolen, I will contact Comdata directly. I hereby release COMPANY from any liability associated with the availability of funds including but not limited to bank fees, penalties, interest charges or other costs. You may elect to have a PayCard and a Direct Deposit.

By signing below, I consent to receive my wages by electronic transfer to my Comdata MasterCard. I acknowledge, I also understand and agree to the fee schedule that is located within this hire packet that I will incur while using my Comdata MasterCard.

Employee's Signature

Date Signed

Date of Birth

For Payroll Purposes ONLY: Cardholder Ref # _____

Global Technical Services, Inc.

P.O. Box 161127 • Fort Worth, TX 76161-1127 • phone 817.847.6673 • fax 817.232.3905
www.teamglobal.com



COMDATA CARD CONSENT FORM
(Employee Copy)

The following fees will be deducted from your Comdata Card balance for each transaction after your first free transaction each payday:

Fee Type (US)	Amount	Fee Type (International)	Amount
POS Purchase U.S Fee (Credit Transaction) Use as "Credit" Always sign your name to your receipt - FREE transactions!!!	0.00	POS Purchase International Fee (Credit Transaction) Use as "Credit" Always sign your name to your receipt	3.00
POS Decline U.S Fee (Credit Transaction)	0.50	POS Decline International Fee (Credit Transaction)	1.50
POS Purchase U.S. Fee (PIN Transaction)	0.00	POS Purchase International Fee (PIN Transaction)	1.75
POS Decline U.S. Fee (PIN Transaction)	0.50	POS Decline International Fee (PIN Transaction)	0.50
POS Balance Inquiry U.S. Fee	0.50	POS Balance Inquiry International Fee	3.50
POS Refund U.S. Fee (PIN/Credit)	0.25	POS Refund International Fee (PIN/Credit)	1.50
Cash Disbursement U.S. Fee (at participating Master Card banks - Branded Only Card)	5.00	Cash Disbursement International Fee (at participating Master Card banks - Branded Only Card)	7.00
ATM Withdrawal U.S. Fee	1.75	ATM Withdrawal International Fee	3.50
ATM Balance Inquiry/Decline U.S. Fee	1.25/1.00	ATM Balance Inquiry/Decline International Fee	3.25
Additional Cardholder Fees:			
Comchek Draft Fee	1.50	Monthly Statement On Line	0.00
VRU & Bi-Lingual Customer Service & Cardholder Web Access	0.00	Monthly Maintenance	0.00
Automatic Direct Deposit Fee	1.00	Manual Direct Deposit VRU	1.50
Replacement Card via Mail - Through Comdata Customer Service; this is only allowed if you want your name embossed on a card	5.00	Invalid Claim Fee	50.00

Comdata will notify you of any changes in these Comdata fees.

ATM owners outside of Comdata's surcharge fee ATM network and other places where you use your Comdata Card may charge fees (even for a balance inquiry without completing a funds transfer) that will be deducted from your Comdata Card balance.

If you use your Comdata Card outside the United States, or if you obtain funds (or make a purchase) in a currency other than US Dollars (the currency in which your Comdata Card is issued), then the amount deducted from your funds will be converted into US Dollars by the card network. The card network will charge a cross-border fee of .80% and currency conversion fee of .20% (for a total fee of 1% of the transaction amount) to be included in the transaction amount. This card network cross-border and currency conversion charge is independent of and in addition to any international fee indicated in the Comdata Fees above.

You will not earn interest on your funds.

For Payroll Purposes ONLY: Cardholder Ref#

Global Technical Services, Inc.

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www.teamglobal.com



NOTICE TO NEW EMPLOYEES - WORKERS' COMPENSATION BENEFITS

TeamGlobal has workers compensation insurance coverage through Starr Aviation to protect you.

You can get more information about your workers' compensation rights from your local state Workers' Compensation Commission.

Texas employees:

You may elect to retain your common law right of action if, no later than five (5) days after beginning employment, you notify in writing that you wish to retain your common law right to recover damages for personal injury. If you elect to retain your common law right of action, you cannot obtain workers' compensation income of medical benefits if you are injured.

An injured worker has the responsibility to tell his or her employer about a work-related injury or illness. An injured worker must tell his or her employer within thirty (30) days of the injury, or within thirty days (30) of the date that the worker first knew the illness might be work related. The injured worker, or someone helping the worker, must call TeamGlobal. Workers' Compensation Line at 817-234-9564.

If an injured worker does not tell the employer within thirty days (30), the worker could lose the right to receive benefits.

All employees that are injured at work will be subject to a mandatory drug and alcohol test administered by TeamGlobal.

TeamGlobal tiene seguro de compensación de trabajadores a través de Starr Aviation para protegerlo. Puede obtener más información acerca de la compensación del trabajadores y sus derechos del Departamento de Comisión de su estado local.

Empleados de Texas:

Usted puede elegir conservar su derecho común de acción si, a más tardar dentro de cinco días, comenzando el empleo, comunicaran por escrito que desea conservar su derecho común para recuperar daños por lesiones personales. Si usted decide conservar su derecho común de acción, no podrá obtener a indemnización de ingresos de trabajadores si es lesionado.

Un trabajador lesionado debe decirle a su empleador dentro de los treinta días de la lesión, o dentro de treinta días siguientes a la fecha en que el trabajador primero sabía que la enfermedad podría ser relacionado al trabajo. El trabajador lesionado, o alguien que ayuda al trabajador, deben llamar al teléfono gratuito de Línea de Compensación de Trabajadores para TeamGlobal 1-877-233-9993.

Si un trabajador lesionado no reporta al empleador dentro de los treinta días, el trabajador podría perder el derecho a recibir beneficios.

Todos los empleados que sean lesionados en el trabajo estarán sujetos a una prueba obligatoria de droga y alcohol administrada por Global Technical Services, Inc.

IF ANY INJURY OCCURS YOU MUST NOTIFY TEAMGLOBAL AS SOON AS POSSIBLE AT 817-234-9564

I accept the above and will abide by all terms and conditions:

EMPLOYEE Signature

Date

Global Technical Services, Inc.

P.O. Box 161127 • Fort Worth, TX 76161-1127 • phone 817.847.6673 • fax 817.232.3905
www.teamglobal.com



Global Technical Services

**ANTIDRUG AND ALCOHOL MISUSE PREVENTION PROGRAM
PRE-EMPLOYMENT LETTER**

The U.S. Government requires mandatory drug and alcohol testing of all employees who work in sensitive or safety related positions within the transportation industry. The rule covers trucking, railroad, pipeline, aviation and other related businesses and, with few exceptions, requires all workers to be tested. This includes individuals who operate or work on various transportation equipment/components.

The position you are being considered for falls under this Federal Rule. Before starting to work, you must be given a pre-employment drug test. You will be required to report to a collection site and give a urine specimen. This specimen will be sent to a U.S. Department of Health and Human Services approved laboratory where it will be tested for five specific drugs of abuse (marijuana, cocaine, opiates, amphetamines/methamphetamine and phencyclidine (PCP)). If the results of your drug test are negative, your application for employment will be given further consideration. If the results are positive for any of the drugs, we will be unable to hire you.

There are several things you should know:

1. This is a mandatory Federal requirement and all persons being considered for similar positions must be tested.
2. The collection and testing of your urine specimen is conducted under extremely rigid guidelines established and monitored by the U.S. Department of Health and Human Services.
3. The test results are reviewed by a qualified physician (Medical Review Officer) who, in the case of a positive result, will attempt to personally contact you to determine a legitimate medical reason for the test result.
4. The results of your test will be maintained in strict confidence. We release test results only in compliance with FAA regulations.
5. If hired, you will be subject to drug testing throughout your employment with our company. The various types of tests administered will be explained in the Drug & Alcohol Use & Testing Policy.
6. Employees subject to a drug test will be given access, upon written request, to any record relating to their drug test and any records relating to the results of any relevant laboratory certification, review or revocation-of-certification proceedings.
7. The "Permanent Bar" provision of the Omnibus Transportation Employee Testing Act stipulates that any employee with two verified positive drug tests or who has been determined to have used a prohibited drug while performing a safety-sensitive function is permanently precluded from further performance of such functions. An individual with one positive test must obtain clearance from a SAP in order to return to work. In compliance with this Act, TeamGlobal will obtain a written release to acquire test results from your previous employers.

Our company is committed to maintaining a drug free workplace. We support the U.S. Government's anti-drug program and believe it is important for all of our employees to understand that we will not tolerate drug abuse in our workforce.

EMPLOYEE ACKNOWLEDGMENT:

I certify that I have read and understand the **PRE-EMPLOYMENT LETTER**.

Further, I understand that I will be subject to urine drug and alcohol testing in accordance with 49 CFR 40 and other applicable Department of Transportation and Federal Aviation Administration regulations. I understand that my employer and ESSI will maintain records of my drug and alcohol test results.

I also certify that I have read, understand, and discussed with a TeamGlobal representative the **GTS DRUG & ALCOHOL USE & TESTING POLICY**, the **FAA ANTI-DRUG PROGRAM/ALCOHOL ABUSE EMPLOYEE EDUCATION MANUAL** and the **EMPLOYEE ASSISTANCE PROGRAM** provided by TeamGlobal and agree to abide by the terms specified therein.

I understand I will be entered into a random pool of names, and that during this period of employment with TeamGlobal, I am subject to being drug and alcohol tested if my name is selected from this pool.

Applicant (PLEASE PRINT)

_____/_____/_____
Date

Social Security Number

Global Technical Services, Inc.

P.O. Box 161127 • Fort Worth, TX 76161-1127 • phone 817.847.6673 • fax 817.232.3905
www.teamglobal.com

Employee's Withholding Certificate**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	First date of employment	Employer identification number (EIN)
-----------------------------	--------------------------	--------------------------------------



COMPLETION OF ASSIGNMENT AGREEMENT

I _____ agree to complete all job assignments TeamGlobal may place me on. I understand that failure to complete an assignment without the prior approval from Global entitles me to only the **minimum wage (\$7.25)** as specified by law, regardless of any pay rate previously quoted to me for the assignment. I understand that failure to complete an assignment may result in disciplinary action and will constitute a voluntary resignation by me.

Additionally, **in the event that I do not complete one of the following** (whichever is shorter):

- Forty (40) hours on the job
- or -
- The end of the assignment

I authorize Global Technical Services, Inc. to deduct any pre-screening costs applicable to my job assignment from my wages according to the following fee schedule:

Drug Testing- \$30

Criminal Background Check - \$20

I understand and agree to these terms and conditions.

Print Name of Applicant

Date

Signature of Applicant

Global Technical Services, Inc.

P.O. Box 161127 • Fort Worth, TX 76161-1127 • phone 817.847.6673 • fax 817.232.3905
www.teamglobal.com



2020 OFFER MEDICAL BENEFITS ACKNOWLEDGMENT OF RECEIPT

I, _____, hereby acknowledgment receipt of the 2020 Offer of health benefits.

I have been provided with the Enrollment Guideline packet as well as with information pertaining the application and open enrollment deadlines. I have been offered a plan for myself and dependents that provides both minimum essential coverage, and minimum value. The cost to me is not higher than 9.86% of my wages.

I understand that if I do not enroll by the indicated dates, it will be understood that I have declined coverage for the portion year of 2020 and will not be able to enroll into benefits until November 1, 2020.

Date: _____

Name: _____

SSN: _____

Signature: _____

Address: _____

2020 OFERTA THE BENEFICIOS MEDICOS CONSTANCIA DE RECIBO

Yo, _____, for medio de la presente hago constancia que recibí la oferta de beneficios medicos para el año 2020.

He recibido el paquete y Folleto de Aplicacion junto con informacion perteneciente a las fechas de aplicacion y registro. Me han ofrecido un plan que contiene cobertura para mi y mis dependientes esencial minima y de valor minimo. El costo para mi no es mayor de 9.86% de mi ingreso.

Entiendo de que si no aplico y registro en las fechas dadas, se entendera de que he renunciado al seguro medico for el parte año 2020, y de que no podre registrarme nuevamente hasta el primero de Noviembre del año 2020.

Fecha: _____

Nombre: _____

SSN: _____

Firma: _____

Direccion: _____

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