

Applicant Name _____

**** Please check all
that apply ****

**Must have
ACTUAL EXPERIENCE**

INDUSTRIAL

- Assembly
- Buffer
- Carpentry
- Concrete Finisher
- Concrete Worker
- Construction
- Electronic Assembly
- Electronic Technician
- Forklift
- Foundry
- General Labor
- Industrial Sewer
- Inspection
- Inventory
- Landscaper
- Loading/Unloading
- Masonry
- Material Handling
- Medical Assembly
- Order Selector
- Packaging
- Painting
- Plastics
- Plating
- Plumber
- Polisher
- Sanding
- Shipping & Receiving
- Soldering
- Sorting
- Warehouse

INDUSTRIAL EQUIPMENT

- Blue Prints
- Calipers
- Hard Hat
- Micrometer
- Safety Glasses
- Steel Toed Boots
- Tools
- Work Gloves
- Work Shoes

MAINTENANCE

- Building
- Housekeeping
- Janitorial

MACHINE OPERATORS

- Boring Mill
- Brown & Sharp
- CNC
- Drill Press
- Grinder
- Hand Held Crane
- Hoist
- Injection Molding
- Lathe
- Metal Shear
- Milling
- Overhead Crane
- Printing
- Punch Press
- Set Up
- Turret Lathe

HOSPITALITY

- Banquet Server
- Bartender
- Cook
- Dishwasher
- Food Service
- Host
- Hostess
- Black Pants
- White Shirt

**SKILLED POSITIONS/
TRADES**

- CNC
- Electrician
- Machinist
- Machine Maintenance
- Millwright
- Tool & Die
- Welder - All
- Welder Arc
- Welder Mig
- Welder Spot
- Welder Stick
- Welder Tig

ACCOUNTING

- AS400
- MAS 90
- Peachtree
- Quickbooks
- Quicken

DRAFTING

- CAD Operator
- Drafter

SECRETARIAL

- Admin. Assistant
- Executive Secretary
- Legal Secretary
- Medical Secretary
- Receptionist
- Sales Secretary
- Switchboard Operator

OFFICE EQUIPMENT

- 10 Key
- Copy Machine
- Fax Machine
- Scanner

SHIFT

- First
- Second
- Third
- Part-Time
- Overtime
- Weekends

ACCOUNTING

- Accounting Clerk
- Accounts Payable
- Accounts Receivable
- Bank Teller
- Billing
- Bookkeeping
- Cashier
- Cost Accounting
- Credit Collections
- General Accounting
- General Ledger
- Medical Billing
- Payroll

OFFICE

- Call Center
- Customer Service
- Demonstrator
- Email
- Filing
- General Office
- Internet
- Mail Clerk
- Telemarketer

MECHANICS

- Auto Detailer
- Auto Mechanic
- Diesel Mechanic

OFFICE SKILLS

- Data Entry
- Dictaphone
- Dispatcher
- Legal Terminology
- Medical Terminology
- Shorthand
- Speed Writing
- Typing

PROFESSIONAL

- EMT
- Engineering
- Hotel Manager
- Human Resources
- Manager
- Retail
- Sales

SOFTWARE

- Access
- ACTI
- Auto Cad
- Excel
- Fax Pro
- Lotus 1-2-3
- Macintosh
- Microsoft Publisher
- Office Suite
- Outlook
- Power Point
- Photoshop
- Windows XP
- Word
- Word Perfect

TRANSPORTATION

- Car
- Public
- Ride

Form W-4 (2011)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2011 expires February 16, 2012. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using

Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B _____
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children 	G _____
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶ H _____	
	For accuracy, complete all worksheets that apply. <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 	

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service	<h2>Employee's Withholding Allowance Certificate</h2> <p>▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <h1 style="font-size: 2em;">2011</h1>
1 Type or print your first name and middle initial. Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	6 Additional amount, if any, you want withheld from each paycheck	5 _____ 6 \$ _____
7 I claim exemption from withholding for 2011, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 _____
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional) 10 Employer identification number (EIN) _____ 20-4025296

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE.** It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.		I attest, under penalty of perjury, that I am (check one of the following): <input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A Lawful Permanent Resident (Alien # A _____) <input type="checkbox"/> An alien authorized to work until ____/____/____ (Alien # or Admission # _____)	
Employee's Signature			Date (month/day/year)

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C as listed on the reverse of this form and record the title, number and expiration date, if any, of the document(s)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): ____/____/____		____/____/____		____/____/____
Document #: _____		_____		_____
Expiration Date (if any): ____/____/____		____/____/____		____/____/____

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) ____/____/____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment).

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name HT/GRAND STRAND, INC.		Date (month/day/year)
Address (Street Name and Number, City, State, Zip Code) P.O. BOX 14748		
SURFSIDE BEACH, SC 29587		

Section 3. Updating and Reverification. To be completed and signed by employer

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.	
Document Title: _____	Document #: _____
Expiration Date (if any): ____/____/____	

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
----------------------------------------------------	-----------------------

PERMANENT & TEMPORARY SERVICES

TO INSURE THE PROTECTION OF BOTH OUR CLIENTS AND APPLICANTS, IHT/GRAND STRAND, INC. REQUIRES EVERYONE TO SIGN A GUARANTEE OF CONFIDENTIALITY. BY SIGNING THIS GUARANTEE, YOU ARE PROMISING NOT TO DIVULGE ANY INFORMATION OR JOB OPPORTUNITIES RECEIVED BY YOU FROM IHT/GRAND STRAND, INC.

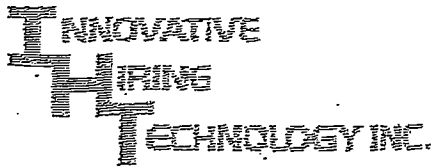
I DO HEREBY AGREE NOT TO WORK FOR ANY CONTRACTOR OR ANYONE ASSOCIATED WITH THE COMPANY THAT IHT/GRAND STRAND, INC. HAS REFERRED ME TO WITHOUT FIRST NOTIFYING IHT/GRAND STRAND, INC., AND THAT I OR THE COMPANY WILL BE CHARGED A FAIR AND EQUITABLE FEE.

IHT/GRAND STRAND, INC. HAS BUILT A SOLID REPUTATION IN THE AREA BY MAINTAINING CUSTOMER SATISFACTION AS WELL AS COMPLETE CONFIDENTIALITY. THIS GUARANTEE PROTECTS YOU AS WELL AS OUR CLIENTS.

EMPLOYEE SIGNATURE: _____

EMPLOYEE NAME PRINTED: _____

DATE: _____



INJURY REPORTING PROCEDURE

Health:

- Excellent
 Fair
 Poor

Have you ever had a back injury?

- Yes
 No

Do you have any physical condition which might limit your ability to perform a job?

- Yes
 No

If yes explain the nature of physical condition and cause: _____

Have you been injured on similar jobs in the last 5 years?

- Yes
 No

If you answered yes please state the employer's name and the year of the injury: _____

Nature of Injury

Cause

Employer's Name

Year

It is our goal and belief that every employee should be entitled to maximum protection from controllable hazards within the workplace. IHT is committed to safety and loss control. We at IHT take our responsibility as employers very seriously. We go to great lengths and to great expense to provide a safe working environment and workers compensation insurance for our employees and to deal with legitimate claims or injuries.

If you are injured on your assignment, you are required to report the injury to IHT immediately, if possible or eight hours from when the injury occurred. Failure to do so could result in disciplinary action up to and including termination. If you seek medical treatment on your own without reporting the injury to IHT, the cost of the medical treatment will be your responsibility, not IHT.

I have read and understood the paragraphs above and understand that failure to abide by the wording on this page could result in disciplinary action or termination of my employment with IHT.

Applicant Signature

Date

IHT Representative

Date

S.C. SECOND INJURY FUND QUESTIONNAIRE

For the purposes of fulfilling the requirements of S.C Code Ann. Section 42-9-400, your employer needs to know if, to the best of your knowledge, you have ever had any of the following conditions:

YES	NO		YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Chronic osteomyelitis
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Ankylosis of joints
<input type="checkbox"/>	<input type="checkbox"/>	Cardiac disease	<input type="checkbox"/>	<input type="checkbox"/>	Hyperinsulinism
<input type="checkbox"/>	<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	Muscular dystrophy
<input type="checkbox"/>	<input type="checkbox"/>	Amputated foot, leg, arm or hand	<input type="checkbox"/>	<input type="checkbox"/>	Arteriosclerosis
<input type="checkbox"/>	<input type="checkbox"/>	Loss of sight of one or both eyes or partial loss of uncorrected vision of more than seventy-five percent bilateral	<input type="checkbox"/>	<input type="checkbox"/>	Thrombophlebitis
<input type="checkbox"/>	<input type="checkbox"/>	Residual disability from Poliomyelitis	<input type="checkbox"/>	<input type="checkbox"/>	Varicose Veins
<input type="checkbox"/>	<input type="checkbox"/>	Cerebral palsy	<input type="checkbox"/>	<input type="checkbox"/>	Heavy metal poisoning
<input type="checkbox"/>	<input type="checkbox"/>	Multiple sclerosis	<input type="checkbox"/>	<input type="checkbox"/>	Ionizing radiation injury
<input type="checkbox"/>	<input type="checkbox"/>	Parkinson's disease	<input type="checkbox"/>	<input type="checkbox"/>	Compressed air sequelae
<input type="checkbox"/>	<input type="checkbox"/>	Cerebral vascular accident	<input type="checkbox"/>	<input type="checkbox"/>	Ruptured disc
<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	Hodgkins disease
<input type="checkbox"/>	<input type="checkbox"/>	Silicosis	<input type="checkbox"/>	<input type="checkbox"/>	Brain damage
<input type="checkbox"/>	<input type="checkbox"/>	Psychoneurotic disability following treatment in a recognized medical or mental institution	<input type="checkbox"/>	<input type="checkbox"/>	Deafness
<input type="checkbox"/>	<input type="checkbox"/>	Hemophilia	<input type="checkbox"/>	<input type="checkbox"/>	Cancer
			<input type="checkbox"/>	<input type="checkbox"/>	Sickle-cell anemia
			<input type="checkbox"/>	<input type="checkbox"/>	Pulmonary disease
			<input type="checkbox"/>	<input type="checkbox"/>	Mental retardation
			<input type="checkbox"/>	<input type="checkbox"/>	Have you suffered from any other pre-existing disease, condition or impairment which is permanent in nature?

(please explain on back of form)

ACKNOWLEDGEMENT AND RECORDS RELEASE

I understand this questionnaire is for the purposes of enabling my employer to fulfill the requirements of the South Carolina Second Injury Fund, it is in no way connected to the Company's decision to hire me. The information provided is not to be used by the Company as a basis of denying me placement within the company or promotion, or to discriminate against me in any way. The information provided is true to the best of my information and belief. In the event of a future work related accident, my employer is authorized to request and review medical records pertaining to any of the conditions described herein as well as any records maintained by any government agency, past employer, or treatment facility with respect to any personal injuries I have received.

Signed: _____
(Employee's Signature)

Date: _____

Witness: _____
(Witness Signature)

GENERAL SAFETY POLICY

It is our goal and belief that every employee should be entitled to maximum protection from controllable hazards within the work place. IHT is committed to safety and loss control. We go to great lengths and great expense to provide a safe work environment and provide workers' compensation insurance for our employees. For legitimate injuries, we will work closely with you to see that you are cared for in the best manner possible. We have extensive experience investigating and controverting fraudulent/malingering claims. We will fight these types of claims with all available resources. Safety must be taken seriously. The requirements outlined in this policy will be enforced.

Please understand and comply with these safety rules. Failure will result in disciplinary action. Initial each block:

- Report immediately (no later than the end of the shift in which it occurred) the injury sustained while performing your job. Injuries must be reported to your client supervisor AND IHT office.
- Horseplay is prohibited at all times.
- Report any observed unsafe condition to your client supervisor and to IHT office.
- Drinking of alcoholic beverages or the use of any drug is not permitted on the job. Any employee discovered under the influence of alcohol or drugs will not be permitted to work.
- If you do not have current first aid training, do not move or treat an injured person unless there is immediate peril, such as profuse bleeding or stopped breathing.
- Appropriate footwear and clothing must be worn on the job at all times.
- Where there exists the hazard of falling objects an approved hard hat must be worn.
- Do not perform any task unless you are trained to do so and are aware of the hazards associated with that task.
- You may be assigned personal protective safety equipment. This equipment should be available for use on the job, maintained in good condition and worn when required. You will be charged a fee for lost equipment.
- You may be required to sign for and return certain equipment when your assignment is completed. In some cases you may be asked to purchase personal protective equipment.
- Learn safe work practices. When in doubt about performing a task safely, contact your client supervisor for instruction and training. Familiarize yourself with appropriate hazardous materials and the location of material safety data sheets.
- Never remove or bypass safety devices. Learn where fire extinguishers and first aid kits are located.
- Maintain a general condition of good housekeeping in all work areas at all times.
- Do not operate any motor vehicle or other mechanized conveyance or equipment unless authorized to do so by IHT Staffing, and after having received the requisite training in the use thereof as applicable.
- Obey all traffic regulations when operating vehicles on public roads. Obey all safety signs and tags.
- When operating or riding in a vehicle while on company business the vehicle seat belt and any other applicable safety devices must be utilized at all times.
- Be alert to hazards that could affect you or your fellow employees.
- Always perform your assigned task in a safe and proper manner. Do not take shortcuts. Taking shortcuts and ignoring of established safety rules are leading causes of employee injury.

I have read and understand the IHT Safety Policy. I also understand that failure to comply could not only lead to personal injury, but termination of my employment with IHT Staffing.

Applicant Signature

Date

IHT Representative

Date



PERMISSION AND RELEASE FORM FOR BACKGROUND/CREDIT INVESTIGATION

(Print Name)

(Current Street Address)

(City)

(State)

(Zip Code)

Date of Birth

Place of Birth

Social Security Number

Drivers License Number/State of Issue

Sex

Race

In connection with my application for employment with IHT I hereby authorize any company and any authorized agent acting on its behalf to prepare an investigative report on my background. I therefore authorize, request and require any persons or institutions contacted to furnish IHT or its agents any information they have concerning any criminal and/or motor vehicle conviction records, my credit standing and credit capacity.

As an inducement to provide this information, I hereby release and forever discharge each and every person or institution from all claims of liability, in law or in equity that may arise out of furnishing such information to IHT, or any authorized agent of that company.

My signature below indicates my understanding and acceptance of all of the above terms and stipulations.

Signature

Date

**IHT GRAND STRAND, INC.
POLICIES AND PROCEDURES**

Please initial each line after you have read and completely understand each statement:

- ❖ I understand that I am expected to complete any job assignment that I accept unless the work is unsafe. If I consider the job unsafe I will call IHT immediately.
- ❖ I understand that failure to complete a job assignment without reasonable cause will result in a pay rate of the Federal Minimum Wage for that particular assignment.
- ❖ If for some unexpected reason such as an emergency or illness and I cannot make an assignment or if I will be arriving late I will contact IHT as soon as possible so that a replacement can be scheduled in my place. I also agree to give IHT 24 hour notice if I need time off for doctors visits, car repairs, etc. My failure to do so will be grounds for IHT to assume that you have voluntarily quit.
- ❖ I understand that I am an employee of IHT, and only I or IHT can terminate my employment. When my assignment ends I must report by telephone or in person for my next job assignment within 48 hours. Failure to do so or failure to accept my next job assignment without reasonable cause or notice will indicate that I have voluntarily quit.
- ❖ Full time is defined as 40 hours per week. Details of an assignment will be given once it is accepted by the employee.
- ❖ IHT has a very strict SUBSTANCE ABUSE POLICY and by signing this form I consent to submit to random drug testing. I understand that failure to comply with this agreement will be grounds for my immediate termination.
- ❖ IHT is not liable for drug screenings, physicals and/or credit/background checks. However, IHT will initially pay for the required test(s) and deduct the cost of the test(s) from the applicant's paycheck.
- ❖ Once I have accepted a job I must report to the IHT office to pick up a timecard if I do not already have one unless special arrangements have been made. I understand that IHT will not recognize or pay for any hours worked by me without a timecard signed by the client.
- ❖ As an employee of IHT it is my responsibility to fill out a timecard properly and make sure that it is turned in to the Myrtle Beach office by 9:00am every Monday morning. If the timecard is faxed it is my responsibility to follow up and confirm that my timecard has been received. Pay checks are available for pick-up every Friday 10:00am at Surfside Beach /Myrtle Beach office.
- ❖ I understand that if I am unable to pick up my paycheck at IHT and it has been mailed , if for any reason I do not receive it I personally will be liable for the \$35.00 stop payment fee on the check before another can be re-issued.

By signing below you are agreeing to IHT's policies and procedures.

Employee Signature: _____

Date: _____

PLEASE KEEP THIS FOR YOUR INFORMATION:

Hours of Work: Assignment hours vary. You will be notified of the hours required to work for each assignment that you accept.

Wages: Wages vary by assignment. You will be notified of the wage prior to accepting the assignment. It is against company policy to discuss your hourly wage and job locations.

Discussing this information with any other person, could end in pay cut to minimum wage or termination of employment with IHT Staffing.

*****Timecards*** must be turned in or faxed to IHT by Monday 9am each week. We recommend that if you fax it that you call to confirm that we have received it. Please utilize the mail box outside the IHT door to drop off your card after hours and on weekends.

Fax Timecards to 843-626-7974

Call office 843-626-7970, to confirm receipt

*****Most importantly*** it is the employee's responsibility to have their time cards signed and turned in on time. Please do not call IHT or the company you worked for to handle this for you.

*****Take timecards*** with you to the job and have your supervisor sign it before you leave. We keep blank timecards in the mail box outside of our door for your convenience.

***** Paychecks*** may be picked up from the IHT office between 7:30 am and 5pm on Fridays.

APPLICANTS PLEASE KEEP THIS PAGE

ATTENTION ALL IHT EMPLOYEES!!!

PLEASE NOTIFY THIS OFFICE AS SOON AS POSSIBLE IF YOU ARE UNABLE TO GO TO WORK BY CALLING (843) 626-7970
 Fax: (843) 626-7974. YOU CAN CALL US 24 HOURS A DAY 7 DAYS A WEEK AND LEAVE A MESSAGE. AN EMERGENCY
 IS GIVEN DURING THE RECORDED MESSAGE IN THE EVENT THAT YOU HAVE AN EMERGENCY. MESSAGES ARE
 CHECKED HOURLY. CALL IN FOR ILLNESS, VEHICLE MALFUNCTION, TRANSPORTATION PROBLEMS, FAMILY
 EMERGENCIES ETC. BY CALLING US YOU REDUCE THE CHANCE OF ANY MISUNDERSTANDINGS THAT MAY OCCUR.
 CALLING IN ALSO ALLOWS US TO SERVICE OUR CLIENTS BETTER. WE APPRECIATE YOUR ATTENTION TO THIS
 MATTER.

WHEN FILLING OUT TIME CARDS, PLEASE REMEMBER TO FILL OUT CARDS COMPLETELY!!! INCLUDE THE
 FOLLOWING INFORMATION:

- DATES YOU WORKED
- COMPANY NAME
- SUPERVISOR'S SIGNATURE
- YOUR NAME & SOCIAL SECURITY NUMBER
- THE HOURS YOU WORKED TOTALED

****NOTE: IF THE TIME CARD IS NOT COMPLETELY FILLED OUT AND RETURNED TO US BY 9AM MONDAY MORNING
 YOU WILL NOT RECEIVE A PAY CHECK UNTIL THE FOLLOWING PAY PERIOD AFTER THEY ARE COMPLETED.**

WORKMAN'S COMPENSATION POLICY

IF YOU ARE HURT:

IN ACCORDANCE WITH STATE & FEDERAL LAWS, IHT/GRAND STRAND, INC. PROVIDES WORKMAN'S COMP.
 COVERAGE FOR ALL IT'S EMPLOYEES. AS PART OF THIS COVERAGE, EACH EMPLOYEE HAS AN OBLIGATION
 TO 1.) PROMPTLY REPORT ALL ACCIDENTS TO THEIR IMMEDIATE SUPERVISOR EVEN WHEN AN INJURY IS NOT
 EASILY APPARENT. SUCH AS A POSSIBLE STRAIN OF LOWER BACK MUSCLES. 2.) FOLLOW THE ADVICE OF
 MEDICALLY TRAINED PERSONNEL. 3.) SUBMIT TO A DRUG/ALCOHOL TEST. 4.) COMPLETE AND GIVE TO YOUR
 DOCTOR A CLINICAL EVALUATION AND STATUS REPORT FORM. 5.) SUBMIT IN WRITING A REPORT OF THE
 INCIDENT TO IHT IMMEDIATELY. THIS REPORT MUST INCLUDE NAME, DATE OF BIRTH, SOCIAL SECURITY
 NUMBER, DATE AND TIME OF INCIDENT, WHAT HAPPENED, AND NAMES OF WITNESSES. 6.) BE AVAILABLE FOR
 LIGHT DUTY IF AUTHORIZED BY THE DOCTOR. 7.) CONTACT IHT WEEKLY IF YOU ARE NOTABLE TO RETURN TO
 WORK.

TIME CARDS

- MUST HAVE SIGNATURE
- PRINT NAME LEGIBLY
- MUST HAVE SOCIAL SECURITY NUMBER
- PRINT COMPANY/CLIENT NAME

- E. MUST HAVE SUPERVISOR SIGNATURE
- F. SUPERVISOR PRINT SIGNATURE
- G. TITLE OF SUPERVISOR
- H. TIME MUST BE TOTALED IN 1/4 HOUR INCREMENTS

IHT / Grand Strand, Inc. PERMANENT & TEMPORARY SERVICES

1361 21st Ave. N #109
 Myrtle Beach, SC 29577
 843 / 626-7970
 Fax 843 / 6267974

ORDER NO.

EMPLOYEE NO.

IMPORTANT FOR EMPLOYEE: BY EXECUTING THIS FORM, EMPLOYEE AGREES TO TERMS AND
 CONDITIONS OF INNOVATIVE HIRING TECHNOLOGY, INC. AND CERTIFIES THAT THIS FORM IS TRUE
 AND ACCURATE, AND THAT NO INJURIES WERE SUFFERED.

EMPLOYEE SIGNATURE _____

PRINT EMPLOYEE NAME _____

SOCIAL SECURITY NUMBER _____

DATE	DAY	TIME STARTED	TIME FINISHED	LESS LUNCH	TOTAL HRS. WORKED	
					REGULAR	OT
/ /	MON					
/ /	TUES					
/ /	WED					
/ /	THURS					
/ /	FRI					
/ /	SAT					
/ /	SUN					

TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR
 CLIENT TO DRAW LINE THROUGH ANY BLANK SPACES ABOVE

IMPORTANT FOR CLIENT: BY EXECUTION OF THIS FORM, CLIENT CERTIFIES THAT HOURS
 SHOWN ARE CORRECT, WORK WAS DONE SATISFACTORILY AND THAT CLIENT AGREES
 TO THE TERMS AND CONDITIONS ON THE REVERSE SIDE OF THIS FORM. PLEASE DRAW
 LINE THROUGH UNUSED SPACES ABOVE.

Client Company _____ Dept. _____

Authorized Signature _____

Please Print Name _____ Title _____

ASSIGNMENT COMPLETED? YES NO

AVAILABLE FOR WORK? YES NO WHEN AVAILABLE?

(IF AVAILABILITY NOT INDICATED, IT MAY BE ASSUMED THAT I AM NOT AVAILABLE.)

1. Type or use ballpoint pen. Press hard, you are making 4 copies.
2. Use a separate time record for each week, each client, each pay rate.
3. Must be signed by authorized representative of client company.

PLEASE DO NOT ADVANCE ANY MONEY TO EMPLOYEE

white-OFFICE pink-CLIENT PLEASE SEE AGREEMENT ON REVERSE SIDE. canary-OFFICE

PREVIOUS TEMPORARY EMPLOYMENT

TEMP SERVICE	DATES	COMPANIES WHERE ASSIGNED	DEPT./SUPERVISOR	POSITION / SKILLS	PAY RATE

COMPANIES ALREADY CONTACTED FOR EMPLOYMENT

WHAT COMPANY	WHEN	POSITION APPLIED FOR	HOW CONTACTED	WHO REFERRED YOU	RESULTS

TO THE APPLICANT

IHT STAFFING is an equal opportunity employer. Federal and State law prohibits discrimination in employment practices based on race, color, religion, sex, age, national origin, or disability. No question on this application is asked for the purpose of limiting or excluding any applicant's consideration for employment on a discriminatory basis.

In filing this application with **IHT Staffing**, I hereby certify that the information set forth on this application is true and complete. I understand that if I am employed, any false information and/or omission on this application will be grounds for termination. I also understand that background, criminal, and consumer investigations, education verification, reference checks, and drug testing may be required as a condition of temporary and/or permanent employment. I hereby grant permission to obtain this information with the understanding that I have the right to make a request to **IHT Staffing** to learn the complete nature and source of these reports.

SIGNATURE _____

DATE _____

FOR OFFICE USE ONLY

ADMINISTRATIVE SKILLS

_____/_____ (Type) WPM/Error	_____/_____ (Alpha) KSPH/Error	_____/_____ (Numeric) KSPH/Error	_____/_____ (10 Key) KSPH/Error	_____/_____ (Alpha) Numeric File
_____/_____ Math	_____/_____ Accounting Clerk	_____/_____ Spelling	_____/_____ Tele. Communications	_____/_____ Detail Accuracy

SOFTWARE SKILLS

Program	Basic / Intermed. / Adv.	Overall	Comments
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REFERENCE CHECKS

1. Company _____ Phone#: _____ Contacts/Relationship: _____
 Dates Verified: _____ Position Verified: _____ Reason for Leaving: _____
 Dependability: _____ Quality of Work: _____ Eligible for Rehire: _____
 Comments: _____
2. Company _____ Phone#: _____ Contacts/Relationship: _____
 Dates Verified: _____ Position Verified: _____ Reason for Leaving: _____
 Dependability: _____ Quality of Work: _____ Eligible for Rehire: _____
 Comments: _____
3. Company _____ Phone#: _____ Contacts/Relationship: _____
 Dates Verified: _____ Position Verified: _____ Reason for Leaving: _____
 Dependability: _____ Quality of Work: _____ Eligible for Rehire: _____
 Comments: _____

<input type="checkbox"/> Extroverted	<input type="checkbox"/> Articulate	Comments: _____	Date: _____
<input type="checkbox"/> Mature	<input type="checkbox"/> Neat		
<input type="checkbox"/> Professional	<input type="checkbox"/> Detailed	S.C. _____	_____
<input type="checkbox"/> Flexible	<input type="checkbox"/> Take Charge		
<input type="checkbox"/> Polite	<input type="checkbox"/> Organized	_____	