

Gillmann Services, Inc.

BACKGROUND CHECK  
CONSENT AND RELEASE FORM

In connection with my application for employment (including contract for services), I understand that investigative background inquiries are to be made concerning myself including consumer reports, investigative consumer reports, criminal, driving and other reports. These reports may include information as to my character, credit worthiness, general reputation, personal characteristics, mode of living, work habits, performance, and experience along with reasons for termination of past employment from previous employers. I have a right to request disclosure of the nature and scope of the report, which involves personal interviews with sources such as neighbors, friends, or associates.

It is the policy of Gillmann Services that all employees submit to a background check before they begin employment. It is our policy that we background check 100 percent of our employees on an annual basis. Please read the statement below. By signing you are stating that you agree and will adhere to this policy.

I freely and voluntarily agree to submit to a Gillmann Services, Inc. approved background check as part of my application for employment. I understand that either refusal to submit to the background check will disqualify me from further consideration. Furthermore I understand that my criminal history may disqualify me from employment.

I agree to let Gillmann Services share the results of my background check with an employer if needed.

I have read this form in full and understand and agree with the above statements and conditions of employment.

I authorize, without reservation, any party or agency contacted by this employer or its agent to furnish the above mentioned information:

**First Name:** \_\_\_\_\_ **Middle:** \_\_\_\_\_ **Last:** \_\_\_\_\_

**DOB\*\*:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Current Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Drivers License Number:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

**Prospective Employer:** \_\_\_\_\_

# Gillmann Services, Inc.

## EMPLOYMENT/POST ACCIDENT DRUG TESTING CONSENT AND RELEASE FORM

It is the policy of Gillmann Services that all employees submit to a drug test before they begin employment. It is our policy that we drug test 100 percent of our employees on an annual basis. Also, we drug test 50 percent of our employees randomly throughout each calendar year. Please read the statement below. By signing you are stating that you agree and will adhere to this policy.

I freely and voluntarily agree to submit to a Gillmann Services, Inc. approved drug test as part of my application for employment. I understand that either refusal to submit to the drug screen or a positive test result will disqualify me from further consideration.

I further understand that upon commencement of employment with the company, I may be required to submit to drug testing in accordance with Gillmann Services' Drug Free Workplace policy. I understand that refusal to submit to the approved Gillmann Services' drug test or failure to meet the minimum standards set for the screen may result in the immediate suspension or discharge.

In the event that the drug testing lab would change the results to positive after my employment commences, I understand that I will be immediately discharged.

I agree to let Gillmann Services share the results of my drug screen with an employer if needed.

Included in this form, is consent for post accident drug screening. Failure to comply with a request for screening for Gillmann Services is grounds for immediately discharge. By declining to take the Post Accident Drug Test your Workers Compensation benefits may be denied.

I have read this form in full and understand and agree with the above statements and conditions of employment.

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Last Four of Social Security Number

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**REMEMBER, IF YOU ARE INJURED ON THE JOB AND DO NOT  
REPORT IT IMMEDIATELY, YOUR STATE'S WORKERS' COMPENSATION  
MAY NOT COVER THE ACCIDENT.**

# Gillmann Services

## Employment Acknowledgment Form

Every employee's date of hire is the first day they work on an assignment for Gillmann Services. Once beginning work, all employees must call the office and notify the recruiter or Territory Manager when their assignment ends. Any employee who is between assignments must call in between 3:00 pm and 4:00 pm daily to check for available work in order to maintain their employment eligibility. Failure to call the recruiter or Territory Manager could prevent them from receiving work and may disqualify them from receiving unemployment compensation benefits.

Your **local job territory** is the area within a 60-mile radius of your residence. If you are offered work within this territory in a trade that you are qualified to perform and at a rate that is consistent with your pay, you will be expected to accept this assignment regardless of its duration. Refusing such an assignment may disqualify you from unemployment compensation benefits.

In order to receive **per-diem**, an employee must live outside this 60-mile radius from the job site. To prove your eligibility for per-diem an employee must provide a state identification card with their address. A current mortgage statement or rental agreement that the address is outside the 60-mile radius may also be needed. Every contractor has different requirements; however an I.D. and mortgage or rental agreement should work for most assignments.

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Print Name

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Last Four of SS

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Signature

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Date





**Gillmann Services, Inc.**  
**DIRECT DEPOSIT OF PAYROLL**  
**AUTHORIZATION AGREEMENT**

Employee Name: \_\_\_\_\_ Last 4 of SS#: \_\_\_\_\_

**While working for Gillmann Services you have two choices to get paid:**

- 1) Have your check Direct Deposited into your own Checking or Savings Account.
- 2) Have your check Direct Deposited into a Gillmann issued Global Cash Card Account.

Do to the fact that our employees work on a variety of sights we **DO NOT ISSUE OR MAIL LIVE CHECKS.** By having your checks Direct Deposited you will never have to worry about standing in line to cash your check or have to deal with lost or stolen checks or funds.

**NOTE: Every employee will be issued a Gillmann Global Cash Card.** However, you can use your own a bank account for Direct Deposit purposes. The Global Cash Card will be a back up only in the case an employee cancels their own bank account.

**Please Choose one of the following by initialing the appropriate line:**

**I want my check Direct Deposited into the Gillmann Global Cash Card Account:** \_\_\_\_\_  
(You will be issued an ATM card and account # on your first day of work and receive a Debit Visa within two weeks)

Account #: \_\_\_\_\_ Routing ABA#: 073972181 Bank Name: Meta Bank  
Bank Address: 5501 S. Broadband Lane Sioux Falls, SD 57108

**I want my check Direct Deposited into my own Checking or Savings Account:** \_\_\_\_\_  
(A deposit slip cannot be used.)

**Checking:** \_\_\_\_\_ (Must include voided check or letter from bank)  
**Savings:** \_\_\_\_\_ (Must include letter from bank)

\_\_\_\_\_  
ACCOUNT NUMBER  
TRANSIT/ROUTING NUMBER

\_\_\_\_\_  
BANK NAME

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

**I hereby authorize *Gillmann Services, Inc.*, to initiate credit entries or such adjusting entries, either debit or credit which are necessary for corrections, to my Checking and/or Savings account indicated below and the financial institution named below to credit (or debit) the same to such account(s).**

**This authority is to remain in full force and effect until Gillmann Services has received written notification from me of its termination in such time and in such manner as to afford Gillmann Services a reasonable opportunity to act on it.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**Please note this Process may take up to 2 weeks and will not delay or hold back your paycheck.**

## **ACKNOWLEDGEMENT OF RECEIPT OF FIELD EMPLOYEE HANDBOOK**

Please Review the [Employee Handbook](#) and complete the following.

Employee's Name \_\_\_\_\_  
(Type or print)

This is to acknowledge that I have received my copy of the Company Employee Handbook, which outlines the policies, and practices of Company, Inc. (the Company), referred to herein as the "Company." I will promptly read and familiarize myself with the information contained in this Handbook. I understand I must comply with its contents.

I understand that the policies and procedures in this Handbook are not intended to be contractual commitments or to create a contract of employment, but are merely descriptions of recommended procedures to be followed and policies necessary for the safe and efficient operation of the business. I further understand that with the exception of its policy of at-will employment and those policies compelled by law, the Company reserves the sole right to revoke, change or supplement its policies and guidelines at any time without notice. No policy is intended as a guarantee that benefits or rights will continue.

I understand and agree that my employment is at will, which means that either I or the Company may end the relationship at any time, for any legal reason, with or without cause, with or without notice. No one except the CEO or President of the Company can enter into an agreement for employment for a specified period of time, or make any agreement contrary to this policy of at-will employment. Any such agreement must be in writing, and must be signed by both the CEO or President and by me.

My signature below further signifies that I have carefully read this Acknowledgement of Receipt. I agree to observe the policies set forth in the Handbook.

\_\_\_\_\_  
Employee's Printed Name

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

**Note to the employee:** The original of this form will go into your personnel file and you will receive a copy.