

EMPLOYMENT EXPERTS, LLC. NEW CLIENT APPLICATION

Thank you for considering business with Employment Experts, LLC. Please fill out the application completely so we can better meet your needs.

Company Name			Date
Mailing Address			Telephone No.
City	State	Zip Code	Fax No.
Employer ID Number		DOL No.	
Name of the Parent Company			
Number of Employees		How Long in Business	
Additional Worksite Location			
Worksite Contact Name		Worksite Phone No.	Worksite Fax No.
Will Employees Ever Drive Company Vehicles ___ Yes ___ No			
If yes, please provide Automobile Insurance Company			
Type of Business ___ Fortune 500 ___ Fortune 1000 ___ D&B Rating ___ Sole Proprietorship ___ Partnership ___ Corporation			
Service Needed ___ Temporary ___ Permanent ___ Payroll Transfer ___ Company Payroll			

BANKING REFERENCES

Bank Name	Branch
Type of Account	Account #
Type of Credit Card ___ Visa ___ Mastercard ___ American Express ___ Discover Other _____	Account #
Card Holder's Name as Shown	Expiration Date

CREDIT REFERENCES

Creditor Name		Phone Number
Address		
City	State	Zip Code
Date Account Established		Account Balance \$

Creditor Name		Phone Number
Address		
City	State	City
Date Account Established		Account Balance \$

**EMPLOYMENT EXPERTS, LLC.
NEW CLIENT APPLICATION**

I am requesting that an account be established between _____
and The Employment Experts, LLC. Company Name

I certify that the information provided is true and to the best of my knowledge.

I agree that *THE EMPLOYMENT EXPERTS, LLC.* may obtain a credit report on the above applicant and to exchange information with other creditors, banks and collection agencies, etc.

I agree to meet the terms of payment set forth by *THE EMPLOYMENT EXPERTS, LLC.*

I understand that I will be charged a monthly fee of 1.5% of the outstanding balance should my account become delinquent.

If payment is not received by *THE EMPLOYMENT EXPERTS, LLC* within two (2) weeks of invoice date, I understand that my services may be suspended and turned over to a collection agency or attorney for further processing. In this event, I will be totally responsible for any attorney fees, court costs and expenses incurred.

Signature

Date

Print Name

Position

Company Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Fax _____

EMPLOYMENT EXPERTS, LLC.
NEW CLIENT APPLICATION

It is the policy of *THE EMPLOYMENT EXPERTS, LLC.* to inform our clients of our company policies and procedures.

1. Our Billing Statements and payroll are processed weekly; pay periods are Saturday thru Sunday. Payments for services rendered are due upon receipt. We also offer bi-weekly and semi-monthly payroll processing in permanent placements.
2. A 1.5% monthly late fee will be charged to any outstanding balance after one (1) week past the invoice date. After two (2) weeks from the invoice date, services may be suspended and the account will be referred to a collection agency or attorney for further action. The client will be responsible for all fees.
3. We require a minimum of four (4) hours per employee, per scheduled workday.
4. We have a twelve (12) week hire-away policy. After the twelve-week period, the employee could be hired and placed on your payroll at no extra charge. If you are interested in hiring away the employee at an earlier date, a fee of \$250.00 per week will be assessed for each week left in the twelve-week cycle.
5. Hours worked by the employee(s) for start time and finish time should be rounded to the nearest quarter.
6. *THE EMPLOYMENT EXPERTS, LLC* is not responsible for any losses or expenses incurred by the client in the event that our temporary employee(s) fail to report to the client as scheduled.

By signing below, I as a representative for _____ have read and agree to the terms stated above. Company Name

Signature

Date

Print Name

Position

EMPLOYMENT EXPERTS, LLC. TIME CARD SAMPLE

An *EMPLOYMENT EXPERTS'* time card sample has been provided for your review. Please take a few minutes to familiarize yourself with its contents. By signing the time card, you authorize *THE EMPLOYMENT EXPERTS, LLC* to process payroll for hours listed on the time card(s).

_____ hereby agrees as follows:

Company Name

BY SIGNING BELOW I AGREE THAT I HAVE WORKED THE HOURS LISTED ON THE TIME SHEET AND THAT I WAS NOT INJURED ON THIS ASSIGNMENT

COMPANY NAME # 1		Alternate Staffing Services		WEEK ENDING DATE # 2		
ADDRESS				CITY		
JOB TITLE # 3		DECLARED TIPS		JOB NUMBER		
HOLD MY CHECK OR MAIL MY CHECK # 4 <input type="checkbox"/>		SOCIAL SECURITY NO. # 5				
EMPLOYEE NAME # 6		EMPLOYEE SIGNATURE # 7				
I certify that these hours were worked by me during the week ending shown above and were properly verified by an authorized representative of the Customer.						
HOURS TO NEAREST 1/4 HOUR						
DAY	DATE	START	FINISH	LESS LUNCH	REG. HOURS	O.T. HOURS
SUN.						
MON.	# 8	# 8			# 9	# 10
TUES.						
WED.						
THUR.						
FRI.						
SAT.						
FOUR (4) HOUR MINIMUM PER EMPLOYEE PER DAY				REG. HOURS # 11	OVERTIME # 12	
CUSTOMER PLEASE NOTE: # 12				TOTAL HRS. TO NEAREST QUARTER # 12		
CLIENT: BY YOUR SIGNATURE, CUSTOMER CERTIFIES THAT: HOURS SHOWN ARE CORRECT; WORK WAS DONE SATISFACTORILY; AND THAT CUSTOMER AGREES TO THE TERMS AND CONDITIONS ON THE REVERSE SIDE OF THE CUSTOMER COPY.						
CUSTOMER			DEPT.			
AUTHORIZED SIGNATURE # 13			TITLE			
IS THIS EMPLOYEE CONTINUING THIS ASSIGNMENT? # 14 YES <input type="checkbox"/> NO <input type="checkbox"/>						
EQUAL OPPORTUNITY EMPLOYER M/F/H/V OVERTIME (1-1/2 RATE) AFTER 40 HOURS PAY CHECKS CANNOT BE ISSUED WITHOUT CUSTOMER SIGNATURE						

1. THE EMPLOYMENT EXPERTS, LLC incurs substantial recruiting, administration and marketing expenses in connection with the temporary employee (Employee) named above: Client agrees that if client hires employee within 90 days from start date, client will pay THE EMPLOYMENT EXPERTS, LLC conversion charges in the amount of \$250.00
2. Client certifies that the time set forth as hours worked is correct and that the work performed was done in a satisfactory manner.
3. Client confirms that the prior agreement between THE EMPLOYMENT EXPERTS, LLC and client with respect to the services performed herunder and any future services.
4. Client has not and shall not in the future without prior written permission from THE EMPLOYMENT EXPERTS, LLC in each instance (1) entrust employee with unattended premises, cash, negotiable instruments or other valuables or authorize employee to operate machinery or motor vehicles; (11) assign employee to perform work other than that described at the time client placed the job order.
5. THE EMPLOYMENT EXPERTS, LLC's insurance does not cover loss or damage caused by Employee's operating client's owned or leased motor vehicle(s) and the client therefore accepts full responsibilities for claims, including the defense thereof: involving bodily injury, property damage, fire, theft, collision, cargo damage, or public liability damages sustained or incurred as a result of employee driving such vehicle(s) or arising out of or involving violation by client or paragraph 4(1) or 4(11) above.
6. THE EMPLOYMENT EXPERTS, LLC is not responsible for claims made under its liability or bond insurance policies unless such claims are reported to THE EMPLOYMENT EXPERTS, LLC in writing by client within 30 days after the occurrence.

7. THE EMPLOYMENT EXPERTS, LLC is not responsible for calims for damage to property within THE EMPLOYMENT EXPERTS, LLC or employee(s) care, custody and control.
8. Client shall indemnify and hold harmless THE EMPLOYMENT EXPERTS, LLC, its subsidiaries, affiliates, agents and licenses from any and all claims and damages arising out of our client's violation of employment laws including, without limitation, OSHA, EEO and immigrant laws.
9. Client accepts in obligation to discuss all matters concerning employee, including without limitation, employee's job assignments, wages and payroll procedures with THE EMPLOYMENT EXPERTS, LLC and NOT with the employee directly.

Signature

Date