



2023 CONTRACTS HIRING PACKAGE

Location: _____

Employee: _____

Social Security: _____

Welcome to the Family!



CREACTIVA LLC
Employment Application



APPLICANT INFORMATION

Last Name				First			M.I.	Date			
Street Address							Apartment/Unit #				
City				State			ZIP				
Phone				E-mail Address							
Date Available				Social Security No.			Desired Salary				
Position Applied for											
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>						
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?								
Are you able to perform the essential functions of the job?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	In Case of Emergency Contact – Name & Tel.								
Do you have reliable transportation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>									
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain								

EDUCATION

High School				Address						
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
College				Address						
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
Other				Address						
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					

REFERENCES

Please list three professional references.

Full Name				Relationship						
Company				Phone						
Address										
Full Name				Relationship						
Company				Phone						
Address										

PREVIOUS EMPLOYMENT

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date

SITE MANAGER USE ONLY

E-Verify #	YES <input type="checkbox"/> NO <input type="checkbox"/>	Hire Date		Start Date	
Salary Hired		Employee Number & Card			

Application for Employment – Requirements

Physical Requirements of the Job

Typical physical demands of the job include extended periods (up to four hours) of bending, stooping, kneeling, crouching, standing, walking, and the ability to communicate effectively with clients, customers, and co-workers, in person and by radio. The job also requires the lifting and movement of heavy and awkward objects.

The Company reserves the right to revise and change the job functions and duties as needed which may, in turn, impact the physical demands requirements. The following list of physical demands is not intended to be all-inclusive. Mall, Retail Store, or Office Cleaner and/or Porter or Food Court Porter:

- Ability to maintain regular and reliable attendance
- Ability to frequently lift up to 40 pounds to chest height
- Ability to occasionally reach above shoulder height
- Ability to push a porter cart for up to four hours at a time.
- Prolonged standing and walking, up to 4 hours at a time
- Ability to frequently lift up to 50 pounds to knee height
- Ability to push or pull 200 pounds for short distances
- Ability to reach to floor by bending at the waist or kneeling.
- Ability to bend at the waist and reach outward two feet
- Ability to frequently lift up to 50 pounds to waist height.
- Ability to frequently bend over or squat down
- Ability to push a large wheeled garbage cart up to 300 yards.
- Ability to operate power equipment (with training)
- Ability to carry 30 pounds on back for up to one hour at a time
- Ability to operate a golf cart, motorized floor scrubber, or other power equipment for up to four hours at a time.

Are you able to perform the essential functions of the job as listed above?

YES NO

Signature

Equal Employment Opportunity

It is the policy of CREATIVA to comply with all applicable equal employment laws. CREATIVA therefore will not discriminate against applicants or employees on the basis of race, color, gender, religion, national origin, age, disability, genetic information, veteran status, or any other classification protected by federal, state, or local law.

CREACTIVA will not permit intimidation, harassment, or retaliation against any individual who reports a potential violation of the policy, assists or participates in an investigation under this policy, or opposes harassment prohibited by this policy.

Employment At Will

This Handbook is not a contract, expressed or implied, guaranteeing employment for any specific duration or any specific term or condition of employment. Among other things, this means that either your or CREATIVA may terminate the employment relationship at any time, with or without cause, and with or without prior notice.

No employee of CREATIVA is authorized to modify the at-will nature of your employment other than the General Manager and any such modification must be in writing and signed by the General Manager.

Background Check

I fully understand and have had the opportunity to ask any questions about the company’s policy on background checks. I hereby authorize and give my consent to the release of my criminal and/or traffic record, if any, to the company and to the company’s clients, as may be required for the purpose of employment. I also authorize the obtaining of these criminal/ traffic and/or “consumer reports” and/or “investigative consumer reports” at any time after receipt of this authorization and, if I am hired, throughout my employment. I understand that my employment will be on a “conditional” basis and may be terminated based on the results of the background check. By signing this application for employment I am attesting that I have not been convicted of any crimes other than disclosed in this Application, and that I have been advised I am not required to provide the company with any conviction/arrest records that have been sealed or expunged. Furthermore, I understand that false or misleading statements by me are grounds for termination of employment. I agree to allow The Company to deduct the amount of \$15.00 from my first paycheck to partially defray the cost of the background check.

Work-Related Injuries

Should I become an employee of the Company, I agree to inform my supervisor, manager or human resources immediately of any injury sustained on the job and to cooperate fully in any investigation regarding such an injury. I understand and acknowledge that the company may temporarily modify job duties for employees who sustain injuries at work, based on the treating physician’s recommendations. I agree to accept the company’s offer of modified duty should I become injured while on the job. I agree that if I am offered modified duty based on the treating physician’s recommendations, and I do not accept, I will be subject to discharge for job abandonment, unless state law specifies otherwise. I understand the Company may withdraw any offer of modified duty at any time. I understand I must provide a copy of all documents concerning possible work restrictions or the ability to return to work, after each treatment for a work-related injury, to my supervisor, manager or human resources.

Applicant Signature

By my signature on this Application, I CERTIFY: that I have read and understand the information in this Application; that the information submitted herein is true and accurate to the best of my knowledge; and that I can perform the essential job functions as listed on this hiring package; and that I acknowledge that the company did not inquire about and I did not provide any information regarding conviction/arrest records that have been sealed or expunged; and that I understand that any falsification or misrepresentation of the information I have provided may result in the decision that I not be hired; and that I understand that any falsification or misrepresentation discovered after I am hired may be grounds to terminate my employment.

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
Signature	Date



***Professional Services Agreement
For 1099 Representative***

Start Date: _____

This AGREEMENT made and entered into by and between **CreActiva, LLC**, Having an address of ***PO Box 43006, Vestavia Hills, AL 35243*** -(Hereinafter “COMPANY”), and: _____, having an address of _____ - (hereinafter “CONTRACTOR”).

WHEREAS, COMPANY wishes to obtain the professional services offered by an independent contractor; and WHEREAS, CONTRACTOR wishes to provide professional services to COMPANY under the terms and conditions set forth in this AGREEMENT; NOW, THEREFORE in consideration of the mutual promises and covenants herein contained, the parties agree to the Articles as follows:

1. SCOPE OF WORK: COMPANY does hereby retain and engage CONTRACTOR in his/her professional capacity to provide housekeeping, janitorial & Maintenance services. CONTRACTOR shall be an independent contractor and shall be solely responsible for payment of all taxes and/or insurance as required by federal and state law.
2. PERIOD OF PERFORMANCE: Either party may terminate this agreement upon 1-week notice to the other. The duties of confidentiality shall remain in effect after termination.
3. COMPENSATION: COMPANY shall compensate CONTRACTOR for labor performed on agreed pay periods. Base on hours per week at a pay rate per hour of: \$ _____, of services rendered by Creactiva, LLC.



4. EXPENSE REIMBURSEMENT. CONTRACTOR shall pay all “out-of-pocket” expenses, and shall not be entitled to reimbursement from COMPANY.
5. ASSIGNMENT. CONTRACTOR'S obligations under this Agreement may not be assigned or transferred to any other person, firm, or corporation without the prior written consent of COMPANY.
6. OWNERSHIP OF WORK PRODUCT/INTELLECTUAL PROPERTY: All patentable and unpatentable inventions, discoveries, ideas, source code, materials, and other intellectual property which are developed by CONTRACTOR for COMPANY under the terms of this AGREEMENT shall belong exclusively to COMPANY and COMPANY shall be the sole owner of all copyrights, patents, inventions, discoveries and trade secrets in the same, including the right to change, edit, and distribute same throughout the world.
7. CONFIDENTIAL INFORMATION: COMPANY agrees to make available to CONTRACTOR such information as is necessary for the fulfillment of the AGREEMENT. CONTRACTOR agrees to accept and hold CONFIDENTIAL INFORMATION obtained from COMPANY in confidence at all times during and after the termination of this AGREEMENT. CONTRACTOR shall not use nor disclose such information, unless, until and to the extent COMPANY shall consent thereto in writing, or such information, know-how, inventions, discoveries, and ideas are or shall become generally available to the public, or such a disclosure is otherwise required by law.
8. THIRD PARTY OBLIGATIONS: CONTRACTOR hereby represents to COMPANY that CONTRACTOR does not have any express or implied obligation to a third party which in any way conflicts with any of CONTRACTOR's obligations under this agreement. Where applicable, CONTRACTOR also represents that all employees and independent contractors that CONTRACTOR employs to do work for COMPANY are also bound to all of the provisions herein, and CONTRACTOR agrees to provide such evidence upon request.



9. NON-COMPETE AGREEMENT. Recognizing that the various items of Information are special and unique assets of COMPANY that need to be protected from disclosure, and in consideration of the disclosure of the Information, CONTRACTOR agrees and covenants that for a period of 2 years following the termination of this Agreement, whether such termination is voluntary or involuntary, CONTRACTOR will not directly or indirectly engage in any business competitive with COMPANY. This covenant shall apply to the geographical area that includes all of the State of Alabama. Directly or indirectly engaging in any competitive business includes, but is not limited to, (i) engaging in a business as owner, partner, or agent, (ii) becoming an employee of any third party that is engaged in such business, or (iii) becoming interested directly or indirectly in any such business, or (iv) soliciting any customer of COMPANY for the benefit of a third party that is engaged in such business. CONTRACTOR agrees that this non-compete provision will not adversely affect the livelihood of CONTRACTOR.
10. RETURN OF COMPANY MATERIALS: All written information, source code, drawings, documents and materials prepared by CONTRACTOR in the course of CONTRACTOR's services hereunder shall be COMPANY's sole and exclusive property, and will be delivered to COMPANY at any time upon request, and in any event no later than promptly after expiration or termination of this Agreement, together with all written information, drawings, documents and materials, if any, furnished by COMPANY to CONTRACTOR in connection with CONTRACTOR's services hereunder and not consumed by CONTRACTOR in the performance of such services.
11. VACATIONS AND PAID LEAVES – THE CONTRACTOR Is not entitled to any vacation time or paid leaves, if for any reason the Contractor needs to leave and have time off, it requires to inform the COMPANY who's going to cover the time off, this person needs to be on the system and approved by the COMPANY that can perform the duties of the job.



12. UNDER AGE – the CONTRACTOR cannot bring any under age people to the job sites, and any non authorize individual’s that are not in the company system of people approved to work.
13. UNIFORM AGREEMENT, KEY AGREEMENT, HAZCOM RIGHT TO KNOW, SHOE PROGRAM, have to abide with current COMPANY policies on the General employment policies and practices agreement.
14. WARRANTIES AND LIABILITY OF CONTRACTOR: In performing the work under this Agreement, Contractor shall only use authorized materials in the content created for the Company, and shall not use the copyrighted works of third parties unless the Contractor has obtained the necessary written permission from the copyright owner and provides such evidence of permission to Company. Contractor shall indemnify and hold Company harmless from liability that Company is exposed to as a result of Contractor knowingly performing an illegal act while performing the work under this Agreement, or by the Contractor intentionally including the copyrighted materials of third parties in the work produced for the Company. Other than these provisions and obligations stated herein, there are no other warranties being made by Contractor to Company that the work produced by Contractor for Company will produce any particular result. Company acknowledges that its use of the work produced by the Contractor at its own risk, and that the work may or may not result in increased sales or other benefits for Company.
15. WARRANTIES AND LIABILITY OF COMPANY: Except for liability scenarios where Contractor owes a duty to indemnify Company as described herein, the Company shall indemnify and hold Contractor harmless from any and all liability resulting from Company’s use of the work produced by Contractor under this Agreement.
16. AGREEMENT BINDING ON SUCCESSORS: This Agreement shall be binding upon and shall inure to the benefit of the parties hereto, their heirs, administrators, successors and assigns.



17. WAIVER: No waiver by either party of any default shall be deemed as a waiver of any prior or subsequent default of the same or other provisions of this Agreement.

IN WITNESS WHEREOF, both COMPANY and CONTRACTOR have hereunto accepted and executed this AGREEMENT as of the date indicated below.

CreActiva Representative

Contractor

Name: _____

Name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

AGREEMENT SPECIFICS:

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)																																																																							
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3. Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="10" style="text-align: center;">Social security number</td> </tr> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> </tr> <tr> <td colspan="3" style="text-align: center;">-</td> <td colspan="3" style="text-align: center;">-</td> <td colspan="4"></td> </tr> <tr> <td colspan="10" style="text-align: center;">or</td> </tr> <tr> <td colspan="10" style="text-align: center;">Employer identification number</td> </tr> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> </tr> <tr> <td colspan="3" style="text-align: center;">-</td> <td colspan="7"></td> </tr> </table>	Social security number																				-			-							or										Employer identification number																				-									
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Part II Certification			
Under penalties of perjury, I certify that:			
<ol style="list-style-type: none"> 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and 3. I am a U.S. citizen or other U.S. person (defined below); and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. 			
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.			
Sign Here	<table style="width: 100%;"> <tr> <td style="width: 60%;">Signature of U.S. person ▶</td> <td style="width: 40%;">Date ▶</td> </tr> </table>	Signature of U.S. person ▶	Date ▶
Signature of U.S. person ▶	Date ▶		

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



Be Creative, Be Active... Be CreActiva
www.creativagroup.com

1400 Urban Center Drive, Ste. 115,
Vestavia Hills, AL 35242.

Waiver of health coverage

I acknowledge that I have been offered the opportunity to purchase health coverage from Creactiva LLC thru Blue Cross & Blue Shield of Alabama for myself and my dependents through my employer.

I decline enrollment at this time because:

- I have other medical coverage provided by:
- Insurance company name: _____ Policy no. _____
Through (employer name): _____
- I do not wish to enroll myself in any type of medical coverage at this time.
- I do not wish to enroll my spouse child(ren) in any type of medical coverage at this time.

If you are declining enrollment for yourself or dependents (including your spouse) because of other health care coverage, you may enroll yourself or your dependents in this plan prior to the next open enrollment period (under certain circumstances). To do this, you must have involuntarily lost your other coverage and we must receive your enrollment application within 30 days after your other coverage ended. Additionally, if you have new dependents as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and dependents, provided we receive your completed enrollment application within 60 days after the marriage, birth, adoption, or placement for adoption.

Printed name: _____

Signature: _____ Date: _____

Name of employer: _____



UNIFORM AGREEMENT FORM

My signature below indicates that I have been assigned the following articles of clothing to be worn during my working hours with CREATIVA LLC

Employee Name:

Social Security No.:

Uniform Item	Date Issued	Date Returned	Signature

I understand that I am accountable for all uniform items issued to me. If a particular item is lost or damaged due to my negligence, I will be required to reimburse CREATIVA for the value of the lost or damaged items. I also understand that upon my termination, whether voluntary or involuntary, I will be responsible for returning the above clothing, or the cost of the items will be deducted from my final paycheck. When I return my uniform I will sign a receipt. I will be given a copy of the receipt for my records. I understand that without this receipt I will still be responsible for the cost of the uniform, which shall be withheld, from my final pay. Return of the uniform after such a deduction will not result in reimbursement to me.

MORE THAN ONE SHIRT POLICY

CREACTIVA, will provide one polo short with the logo of the working property, the second polo shirt will be at 50% of the cost; the employee portion of the cost of the second shirt shall be with held from the employees pay. If the employee requires a third shirt, it will be deducted from their paycheck dividing the total cost in two payments, that will be deducted from the employee's paycheck.

THE COST OF THE POLO SHIRT IS:

Employee Signature

Date

Employee Print Name

Manager Signature

Date

MANDATORY SHOE PROGRAM

I understand the company has a mandatory shoe program. The required shoe is any black shoe with a slip-resistant sole. I understand that as a condition of my employment, I must purchase the above shoe. If I do not purchase the above shoe in a two-week period from my start date, then I will be deemed to have resigned, and the company will no longer employ me.



Employee Name:

Social Security No.:

Employee Signature

Date

Employee Print Name

Manager Signature

Date

HAZCOM / Right to Know

My signature below certifies that, in accordance' with the 1986 Hazardous Materials Communications Law, also known as the Employee Right to Know Act of 1986, the Company has provided me with the following training:

- The location of the MSDS file.
- Information in the MSDS.
- Location of the company's written hazardous communication program.
- The labels on each chemical.
- What the chemicals we use in the job site look like. ·
- What the chemicals we use in the job site smell like.
- Physical and health hazards of the chemicals we use in this job site, including Fire Hazard, Health Hazard, Reactivity Hazard, and Special Hazard.
- Ways to protect myself when using chemicals.

The Company has provided training and a reference manual in compliance with the 1986 Hazardous Materials Communication Law, also known as the Employee Right to Know . Act of 1986 G). I have received training and information concerning hazardous materials at the work place and am aware of the referenced material available for my review.

Employee Name:

Social Security No.:

Employee Signature

Date

Employee Print Name

Manager Signature

Date

EEOC Self Identification

The information requested below is used by the Company only to complete the annual U.S. Equal Opportunity Commission "Employer Information Report EEO-1" as required under Federal Law, 29 CFR Section 1602.7, and for the administration of civil right laws and regulations. In order to comply with these laws, we are requesting your cooperation in completing the EEO Self-Identification form. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse action.

Name: (please print) _____

Position applied for: _____

Signature: _____ Date: _____

Please check the appropriate box: Male Female

RACE/ETHNICITY:

Please check one of the descriptions below corresponding to the ethnic group with which you most identify.

- Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture of origin, regardless of race.
- White (not of Hispanic or Latino origin) – All persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (not of Hispanic or Latino origin) – A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or other Pacific Islander (not of Hispanic or Latino origin) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (not of Hispanic or Latino origin) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native (not of Hispanic or Latino origin) – A person having origins in any of the original peoples of the North and South American (including Central America), and who maintain tribal affiliation or community attachment.
- Two or More Races (not of Hispanic or Latino origin) – All persons who identify with more than one of the above five races.

OR

- I decline to provide the Company with the requested information.

Candidate Disclosure, Authorization & Consent for the Procurement of Consumer Reports

Section I: Disclosure

CREACTIVA LLC - Commercial Services - (the "Company") may request background information about you from a consumer reporting agency in connection with your employment application and for employment purposes. The report ordered is defined by the Fair Credit Reporting Act (FCRA) as a Consumer Report, and all inquiries are limited to information that affects job performance and the workplace. It is conducted in accordance with applicable federal and state laws including the FCRA. The screening will be conducted by an outside agency — **GoodHire, LLC. – P.O. Box 391403 Omaha, NE 68139 | 1-888-906- 7351 | support@goodhire.com**. As a result, GoodHire may obtain a Consumer Report on you as an applicant or during employment.

A consumer report is a compilation of information that might affect your employability. The scope of the report **may** include information concerning your driving record, civil and criminal court records, credit, drug screening results, worker's compensation record, education, credentials, identity, past addresses, social security number, previous employment and personal references.

Should an employer rely upon a consumer report for an adverse action, the FCRA mandates you be provided with a copy of the consumer report and a summary of your rights. An adverse action is defined as "a denial of employment or any other decision for employment purposes that adversely affects any current or prospective employee."

Section II: Authorization and Release

I have carefully read and understand this Candidate Disclosure, Authorization & Consent for the Procurement of Consumer Reports form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to the release of consumer reports and investigative consumer reports prepared by a consumer reporting agency, such as GoodHire, LLC., to the Company and its designated representatives and agents. I understand that if the Company hires me, my consent will apply, and the Company may obtain reports, throughout my employment. I also understand that information contained in my job application or otherwise disclosed by me before or during my employment, if any, may be used for the purpose of obtaining consumer reports and/or investigative consumer reports. By my signature below, I authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency. By my signature below, I certify the information I provided on this form is true and correct and will be valid for any reports that may be requested by or on behalf of the Company.

I authorize GoodHire and its agents to contact my current employer if necessary to verify my current employment status.

Applicant Name: _____

Applicant Email: management@creactivagroup.com

Applicant Signature: _____

Date: _____

If you are resident of, or performing jobs located in, California, Minnesota, Oklahoma, Massachusetts or New York, check this box to receive a free copy of any Consumer Report, Investigative Consumer Report or Credit Report from GoodHire electronically. For a paper copy, contact GoodHire at 1-888-906-7351 or support@goodhire.com.



New Team Member Checklist

EMPLOYEE INFORMATION

Name: _____ Start date: _____
Position: _____ Manager: _____

FIRST DAY

- Provide employee with New Employee Workbook.
- Assign "buddy" employee(s) to answer general questions.

POLICIES

- Review key policies.
 - Anti-harassment
 - Vacation and sick leave
 - Leaves of absence
 - Holidays
 - Time and leave reporting
 - Overtime
 - Performance reviews
 - Dress code
 - Personal conduct standards
 - Progressive disciplinary actions
 - Security
 - Confidentiality
 - Safety
 - Emergency procedures
 - Visitors
 - E-mail and Internet use

ADMINISTRATIVE PROCEDURES

- Review general administrative procedures.
 - Office/desk/work station
 - Keys Log
 - Radio Log
 - Porter Assignment List
 - Employee Sign/Sign Out
 - Restrooms Cleaning Logs
 - Telephones
 - Porter Cycle Logs
 - Conference rooms
 - Picture ID
 - Expense reports
 - Office & Chemical supplies

INTRODUCTIONS AND TOURS

- Give introductions to department staff and key personnel during tour.
- Tour of facility, including:
 - Restrooms
 - Mail rooms
 - Food Court
 - Vending machines
 - Bulletin board
 - Parking
 - North Side
 - Office supplies
 - South Side
 - Coffee/vending machines
 - Cafeteria
 - Emergency exits and supplies

POSITION INFORMATION

- Introductions to team.
- Review initial job assignments and training plans.
- Review job description and performance expectations and standards.
- Review job schedule and hours.
- Review payroll timing, time cards (if applicable), and policies and procedures.

COMPUTERS

- Hardware and software reviews, including:
 - Clock in & Clock Out System
 - Cell phone Usage
 - Internet
 - Databases
 - Internet