

Name: Heather Shannon /DOH: 12/16/2015 PT/FT PT

Phone: 303-323-5405 CLIENT: Colorado Lighting DAY/NIGHT Day

NEW HIRE PAPERWORK:

OFFICE USE ONLY:

<input checked="" type="checkbox"/>	New Hire Application	<input checked="" type="checkbox"/>	E-Verify
<input checked="" type="checkbox"/>	W-4	<input checked="" type="checkbox"/>	Health Insurance
<input checked="" type="checkbox"/>	Anti - Harassment	<input checked="" type="checkbox"/>	Stop Payment Check Fee
<input checked="" type="checkbox"/>	I-9	<input checked="" type="checkbox"/>	Direct Deposit Form
<input checked="" type="checkbox"/>	Work Opportunity Tax Credit	<input checked="" type="checkbox"/>	Emergency Contact
<input checked="" type="checkbox"/>	8850 Pre Screen	<input checked="" type="checkbox"/>	Background Release Form
<input checked="" type="checkbox"/>	Copy of I-9 documentation	<input checked="" type="checkbox"/>	Non-Compete



employer solutions staffing group^{inc.}
Leveraging Resources in a Changing Market

INJURY MANAGEMENT PROGRAM

Injured Worker's Responsibilities

As your employer, we are concerned about your full recovery. Reasonable and necessary medical care will be paid for any compensable work injury. Medically authorized time away from work will be reimbursed in accordance with the **State of Minnesota workers' compensation laws**. Wherever possible light duty restrictions imposed as a result of your injury will be accommodated.

RESPONSIBILITIES OF THE INJURED WORKER:

Minnesota Rule Sec. 5221.0430, Subp. 1 requires that you choose one primary health care provider. Subpart 2 places limitations on your right to change primary health care providers. Discuss with your employer any change in health care provider.

Attend all scheduled appointments. While on physical limitations, visits should be a minimum of once every two weeks. Failure to have current medical support for disability may result in termination of benefits. Schedule your next appointment immediately after your doctor visit, before you leave the clinic if possible.

Obtain a Report of Workability from your physician at every appointment, a minimum of once every two weeks. M.R. 5221.0420 requires that your physician cooperate with return to work planning and that you be released to return to work at the earliest appropriate time.

Immediately following your appointment, provide a copy of the report to the designated employer representative. You should deliver this in person so that changes in work restrictions may be addressed and any questions answered.

Follow all physical restrictions at home and at work.

Report to work and perform physically suitable tasks as assigned. These may or may not be in your regular department. The work may or may not be on your usual shift.

Maintain regular, weekly, communication with your employer if you are unable to return to work. Contact your employer a minimum of after every visit with your primary health care provider. Keep the claims representative advised of your status.

Notify your employer immediately of any new injuries or conditions that impact your physical condition.

If it is necessary to miss scheduled work due to a work injury, you must be seen by your primary health care provider the same day in order to receive compensation for the time away from work. The physician must complete a Report of Workability.

I have read my responsibilities and agree to abide by these guidelines.

Signed: Heather Shannon
Heather Shannon (Dec 16, 2015)

Printed Name: Heather Shannon



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STATEMENT OF CONFIDENTIALITY

This agreement made this 16 day of December, 2015, between Employer Solutions Staffing Group LLC, hereinafter referred to as "employer", and _____ hereafter referred to as "employee".

WITNESSETH:

For the duration of my employment and after resignation or termination of this employment with employer, for any reason whatsoever, the employee shall not use or disclose to any other person or company, and confidential or proprietary information or know-how related to the business of the employer.

In view of the difficulty of determining the amount of damages which may result to the employer from a violation of any of the provisions hereof, the employee agrees to pay to the employer the sum of \$10,000 as liquidated damages for every such violation; provided, however, that the payment of such amount as liquidated damages shall not be construed as a release or waiver by the employer of the right to prevent any such violation in equity or otherwise.

Heather Shannon
Heather Shannon (Dec 16, 2015)

Employee Signature

Employer Solutions Staffing Group LLC, Representative

INJURY MANAGEMENT PROGRAM

Signed Worker's Responsibilities

As your employer, we are committed to your full recovery. Reasonable and necessary medical care will be paid for any compensable work injury. Promptly and fully disclose your work and non-work activities to your supervisor. We will investigate all workplace injuries and incidents. We will investigate all workplace injuries and incidents. We will investigate all workplace injuries and incidents.

RESPONSIBILITIES OF THE INJURED WORKER:
Remember that the ESR (2010) Step 1 requires that you choose and provide medical care. You must follow the instructions of your supervisor. You must follow the instructions of your supervisor. You must follow the instructions of your supervisor.

Adhere to all safety and health rules. Do not use prohibited substances, such as alcohol, while working. Do not use prohibited substances, such as alcohol, while working. Do not use prohibited substances, such as alcohol, while working.

Follow all safety and health rules. Do not use prohibited substances, such as alcohol, while working. Do not use prohibited substances, such as alcohol, while working. Do not use prohibited substances, such as alcohol, while working.

Report to work and perform your job duties as assigned. Report to work and perform your job duties as assigned. Report to work and perform your job duties as assigned.

Follow all safety and health rules. Do not use prohibited substances, such as alcohol, while working. Do not use prohibited substances, such as alcohol, while working. Do not use prohibited substances, such as alcohol, while working.

CO Lighting Forms: Injury Management and Confidentiality

Adobe Document Cloud Document
History

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