

APPLICATION FOR EMPLOYMENT

(Please Print Legibly)

Date _____

Name _____ Social Security Number _____ - -
LAST FIRST MIDDLE

Email address _____

Present Address _____
STREET CITY STATE ZIP

Home Phone Number _____ Cell Phone Number _____

Date you can start _____ Salary Desired _____ Are you licensed, YES or NO? (Please circle one)

If so, what state? _____ Are you a JOURNEYMAN, APPRENTICE, or HELPER? (Please circle one)

What position are you applying for (i.e. electrician, plumber, pipefitter, welder, etc)? _____

Are you presently employed? _____ If so, may we inquire your present employer? _____

Have you ever applied to this company before? _____ Where? _____ When? _____

EDUCATION	NAME OF SCHOOL	YEARS ATTENDED	DATE GRADUATED	SUBJECTS STUDIED
TRADE SCHOOL/COLLEGE				

Please list any skills you may have in the trade you are applying for (be specific):

Physical record:

Do you have any physical defects that prevent you from performing any work for which you are being considered?

Former Employers: List below last four employers, starting with the most recent one first.

DATE / MO. / YR.	NAME / PHONE NUMBER	SALARY	POSITION HELD	REASON FOR LEAVING
From To				
From To				
From To				
From To				

References: Give below the names of other persons not related to you, whom you have known at least one year.

NAME	PHONE NUMBER	BUSINESS	YEARS
1)			
2)			

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION AS WELL AS A CRIMINAL BACKGROUND CHECK. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL, FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINATE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE. IF EMPLOYED, I AGREE TO SUBMIT TO EXAMS FROM TIME TO TIME DURING THE COURSE OF MY EMPLOYMENT AS REQUESTED BY BNI SUCH EXAMS WILL BE PERFORMED BY DOCTORS DESIGNATED BY AND AT BNI EXPENSE. I HEREBY AUTHORIZE SUCH DOCTORS TO FURNISH THE RESULTS OF SUCH EXAMS TO BNI.

APPLICANTS SIGNATURE _____ DATE _____

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. 601, 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 \$1,600 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	F	_____

(Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

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.) ▶ 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. 	H	_____

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	Employee's Withholding Allowance Certificate ▶ 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.	OMB No. 1545-0074 2011
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 \$
6 Additional amount, if any, you want withheld from each paycheck		7
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 ▶		8
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)

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.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶	
	<input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.)		Requester's name and address (optional)
City, state, and ZIP code		
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 the "Name" line to avoid backup withholding. For individuals, this is 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 *How to get a TIN* on page 3.

Social security number									

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

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).

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 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

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

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

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.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

Form I-9, Employment Eligibility Verification

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-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have 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):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature	Date (month/day/year)
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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 authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

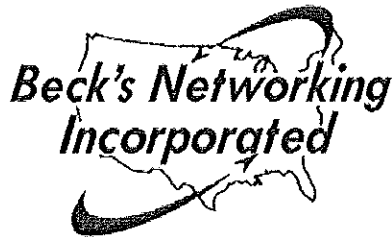
Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

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)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____	Document #: _____	Expiration Date (if any): _____
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized 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)



"We are the Contractor's Staffing Firm"

Beck's
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East Enterprise, IN 47019
Phone: (812) 534-3712
Fax: (812) 534-3507

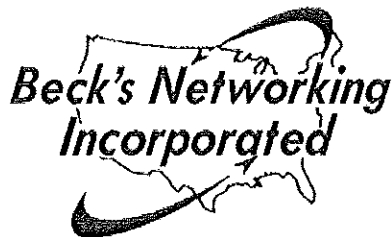
Non-Competition Agreement

Other than through employment with a bona-fide independent party, or with the express written consent of the Employer, which will not be unreasonably withheld, the Employee will not, during the continuance of this Agreement or within five (5) years after the termination or expiration, as the case may be, of this Agreement, be directly or indirectly involved with a business which is in direct competition with the particular business line of the Employer that the Employee was working during any time in the last year of employment with the Employer.

For a period of five (5) years from the date of termination or expiration, as the case may be, of the Employee's employment with the Employer, the Employee will not divert or attempt to divert from the Employer any business the Employer had enjoyed, solicited, or attempted to solicit, from its customers, prior to termination or expiration, as the case may be, of the Employee's employment with the Employer.

It is the intention of the parties to this Agreement that this Agreement and the performance under this Agreement, and all suits and special proceedings under this Agreement, be construed in accordance with and governed, to the exclusion of the law of any other forum, by the laws of the State of Indiana, without regard to the jurisdiction in which any action or special proceeding may be instituted.

Employee Signature: _____ Date: _____



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Substance Abuse Policy

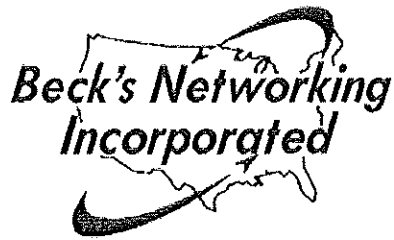
We strive to provide a safe and healthy work environment, free from the use of illegal drugs and the abuse of alcohol. Employees may not consume alcoholic beverages or take illegal drugs on our premises, the Client's worksite or any jobsite that Beck's Networking Inc. would send you too. Legal drugs include prescribed and over-the-counter drugs which have been legally obtained and used for the purpose for which they were intended. Illegal drugs include any drug which is not legally obtainable, which may be obtainable but has not been legally obtained or which is being used in a manner or for a purpose other than as indicated.

Employees may not report to work under the influence of drugs or alcohol. This includes having any trace of alcohol on your breath or reasonable suspicion of illegal drug use. If the Foreman or Supervisor has reasonable suspicion of illegal drug and/or alcohol use, they may require you take a drug test and/or alcohol test. In the event you are injured on the job, you must submit to a drug and alcohol test within the first 4 hours of the work related accident/injury. Beck's Networking, Inc. will be held harmless in the event that you have been involved in a work related accident/injury while under the influence of drugs or alcohol.

Under no circumstances will the employee be allowed to drive him or herself to the testing facility. A member of management must escort the employee; the manager will make arrangements for the employee to be transported home. A drug and alcohol test will be considered failed if: the employee tests positive on any illegal drug and/or alcohol; the collection or testing process is obstructed; the test is altered, adulterated, or substitute sample; failing to show up for a scheduled test; to refuse to complete the requested drug testing forms; or fail to promptly provide specimen(s) for testing when directed to do so without a valid medical basis for the failure.

Any employee who violates these policies will be disciplined. This may include termination, not being eligible for rehire for up to 6 months, and/or a reduction in pay. Any use of illegal drugs will be reported to local law enforcement. If you are convicted under any federal or state criminal drug statute, you must notify us immediately. This may be grounds for termination.

Employee Signature: _____ **Date:** _____



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Fax: (812) 534-3507

Safety Guidelines

Beck's Networking, Inc. cares about your safety and so should you. Safety should always be your number one concern on the worksite. By following all of Beck's Networking, Inc., OSHA, and client safety regulations you will not only keep yourself safe, but also your co-workers. Following safety rules and procedures greatly reduces the risk of injuries and death on the jobsite. While at the worksite you are to follow all safety rules and regulations. If at any point you are unsure of what the proper safety procedures are, contact your Supervisor or Foreman immediately.

As an employee of Beck's Networking, Inc. you are required to follow all Occupational Safety and Health Administration (OSHA) regulations, any other safety procedures of the Client, and the safety procedures at Beck's Networking, Inc. Any violation of these regulations may result in a reduction of pay, termination, and/or being banned from future employment at Beck's Networking, Inc. You are to follow these regulations and report any violation of OSHA regulations or other safety regulations that pertain to the worksite immediately to the Foreman and Beck's Networking, Inc. Beck's Networking, Inc. reserves the right to review past safety violations to determine when making current and future hiring decisions. In the event that the safety regulations between the client and Beck's Networking, Inc. the safety rules of the client would supercede those at Beck's Networking, Inc.

Please understand that you are expected to comply with all Occupational Safety and Health Administration (OSHA) Personal Protective Equipment (PPE) requirements while employed through Beck's Networking, Inc. Proper attire may consist of Long Sleeves, Gloves, Hardhat, Safety Glasses, Hearing Protection, Respiratory Protection, Back Protection, Lifelines, Perimeter Guarding, Steel Toed Boots, Safety Belts, Safety Shoes, and any other PPE/safety equipment. When working 6 feet or higher above ground, you are required to wear a double lanyard and a harness. If you have any questions regarding Personal Protective Equipment please contact the jobsite Foreman and an Officer at Beck's Networking, Inc.

Employee Signature: _____ **Date:** _____



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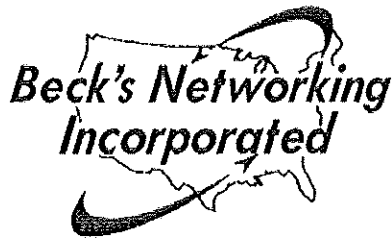
PO Box 44
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Safety Policy Agreement

- I, _____, will perform duties as an employee of Beck's Networking, Inc.
(Print Your Name)
in accordance with the Beck's Networking Safety Policy, the Client's Safety Policy, and all OSHA regulations.
 - I acknowledge that safety is my responsibility, and I am to perform my duties in accordance with the Safety Policies and Procedures established by Beck's Networking, Inc.
 - I will report for work in good mental and physical condition and will safely carry out my assigned duties.
 - I will use and maintain all safety devices provided.
 - I will utilize all assigned tools safely and properly.
 - I will report any unsafe work practices that exist immediately so that they are addressed and remedied.
 - I will follow all of Beck's Networking Safety Policy, the Client's Safety Policy, and all OSHA regulations even if instructed to disregard certain safety rules by a supervisor or co-worker.
 - I will wear all protection, as needed, including but not limited to:
Long sleeves, Gloves, Hardhat, Safety Glasses, Hearing Protection, Respiratory Protection, Back Protection, Lifelines, Perimeter Guarding, Steel Toed Boots, Safety Belts, Safety Shoes, and any other Personal Protective Equipment (PPE)/safety equipment.
-
- I will work in a manner that will not jeopardize the safety of co-workers.
 - I will wear a double lanyard and a harness when climbing 6 feet or higher above ground.
 - I will not visit a physician or other medical practitioner for treatment of any 'on- the-job' injury without authorization from Beck's Networking, Inc. or supervisor in charge, except under emergency conditions.
 - I will follow the procedures below, including submission to a drug and alcohol test, if I am the victim of a work related accident/injury. _____
(Initials)
 - I understand that if I knowingly file, or permit to be filed, a false or fraudulent claim that I will be prosecuted. I understand that I will be required to complete an accident investigation form that includes a fraud disclaimer. _____
(Initials)
 - I will not use, possess, or otherwise engage in the use of controlled substances, illegal drugs, and or alcohol while at work. _____
(Initials)
 - I understand that Beck's Networking, Inc. will be held harmless in the event that I have been involved in a work related accident/injury while under the influence of drugs or alcohol. _____
(Initials)
 - I understand that any violation of these rules may result in any violation of these regulations may result in a reduction of pay, termination, and/or being banned from future employment at Beck's Networking, Inc.

(Initials)

Employee Signature: _____ **Date:** _____



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Pay Rate Discussion Warning Notice

Attention Employee:

Starting as of June 4, 2008, there is to be no discussing of pay rates between yourself and other employees. When you are dispatched to a job, your pay rate is your business and Beck's Networking, Inc. only. Not the foreman's, not the other employees on the jobsite, and definitely not your co-worker's business. If pay rates are discussed, Beck's Networking, Inc. has the right to reduce your pay and per diem. We also have the right to terminate your position and replace you immediately.

First warning will be as follows:

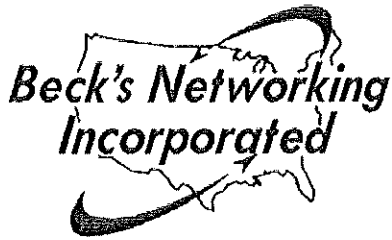
Pay rate will be reduced by \$5.00 on the hour and per diem will be reduced by \$10.00 a day.

Second warning will be as follows:

Termination effective immediately and pay rate will be dropped to \$8.00 an hour with no per diem pay.

Due to the high call volume of employees reporting that another employee is making more than they are on the same job site, we must enforce this document. It must be signed and faxed back to us @ 812-534-3381. When you are dispatched to a job, you agree to a certain pay rate and you sign paperwork proving that. Pay raises will not happen unless you have been on a job site for at least 90 days and are only going to be given if our client informs us that your performance exceeds all others and believes that you qualify for a raise.

Employee Signature: _____ Date: _____



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Certification of Per Diem Eligibility

I _____ certify that the following is my permanent address:
(Print Name)

Street and Number _____

City, State, Zip _____

Telephone # (____) _____

I understand that to qualify for per diem on the assigned project I must actually live (have a permanent residence) 75 miles or more from the project and that I must also maintain a temporary residence near the project. I further understand that if it is found that I do not qualify that I must refund all per diem that I have received. I realize that by moving my permanent residence to any point closer than 75 miles to the project or by not living in a temporary residence near the project that I no longer qualify for per diem. I further understand that the rate or method of per diem may be changed at any time during the project. *Hours must be worked and on time sheet in order to be paid the per diem.

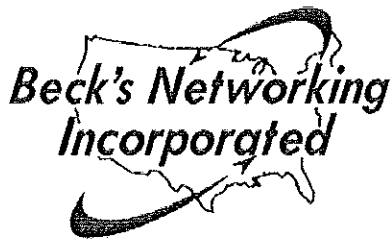
My Temporary Address is:

Street and Number _____

City, State, Zip _____

I further agree to notify Employer, at once, in writing, of any change in the status of either my permanent or temporary residence, giving the new address when applicable. I hereby accept the above requirements and further certify that the foregoing information that I provided is accurate and true.

Employee Signature: _____ Date: _____



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Fax: (812) 534-3381

Worker Exploitation Policy

It is illegal and against Beck's Networking, Inc.'s company policy to impersonate an employee of Beck's Networking, Inc., selling applications, or charge employees/potential employees money for "jobs", or mislead any employees/potential employees for monetary gain.

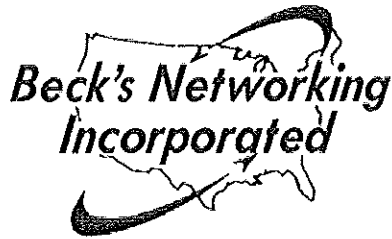
There is no upfront cost to employees/potential employees applying for employment at Beck's Networking, Inc. In the event you have been charging money for an application or any other job information, extortion has occurred. If you have been extorted by a person impersonating an employee Beck's Networking, Inc. or an actual employee of Beck's Networking, Inc., report them immediately to Beck's Networking, Inc. Any use of Beck's Networking, Inc.'s property, paperwork, applications, logos, the name Beck's Networking, Inc., the name Beck's Networking All Trades, Inc., website, etc. is not to be used without the express written permission from an Officer at Beck's Networking, Inc.

Any extortion, conspiracy to extort, and/or misrepresentation concerning Beck's Networking, Inc.'s employees or potential employees may result in a reduction of pay, termination, being banned from future employment at Beck's Networking, Inc., a fine of \$500, and/or being sued to the full extent of the law. Beck's Networking, Inc. also has the right to report illegal activity to local and federal law enforcement officers.

I acknowledge and understand the consequences of violating this policy and/or committing any form of extortion. _____

(Initials)

Employee Signature: _____ Date: _____



"We are the Contractor's Staffing Firm"

Beck's
Networking
Inc.

PO Box 44
East Enterprise, IN 47019
Phone: (812) 534-3712
Fax: (812) 534-3507

Emergency Contact Information Form

NOTE: FILL OUT AND RETURN TO MANAGEMENT

Your Name: _____
Last First MI

Phone: (____) _____

Address: _____
Street City State Zip

Emergency Contact Name: _____
Last First

Work Phone: (____) _____ Home Phone: (____) _____

If unavailable (2nd) Contact Name: _____
Last First

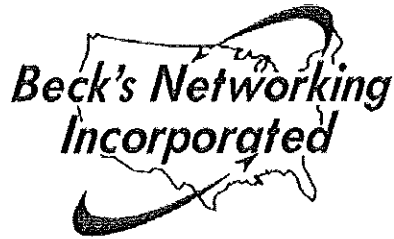
Work Phone: (____) _____ Home Phone: (____) _____

Preferred local hospital: _____

Insurance Information:

Company: _____ Policy #: _____

Comments (include any special medical or personal information you would want an emergency care provider to know, such as allergies to any medications).



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Payroll Fee Letter

July 1, 2009

Effective Immediately:

Payroll will be sent overnight directly to job site trailers, at no cost to you. If a specific job location does not allow receipt of packages, **ONLY THEN** will we ship payroll to a hotel at no fee. However, if you request delivery to a specific location, you will then be charged an overnight fee of \$30.00. The office must be notified no later than Tuesday at 4:00 P.M. of any address change, or your payroll will be sent to the job site.

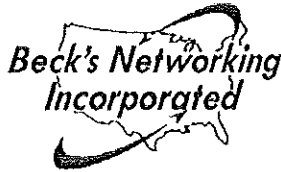
Our only alternative method will be regular mail delivery.

Upon job completion, your last paycheck will be mailed to the address you provide, unless you request overnight shipment. In this case, you will then have a \$30.00 fee withheld.

Thank you for your cooperation,

Beck's Networking, Inc.

Employee Signature: _____ Date: _____



We are the Contractor's Staffing Firm

Beck's
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PO Box 44
East Enterprise, IN 47019
Phone: (812) 534-3822
Fax: (812) 534-3381

Medical Authorization Form

I, _____, understand that my express written consent is

(Print Name)

required in order for Beck's Networking, Inc. to release any health care information to a hospital or organization relating to testing, diagnosis, and/or treatment in the case of an emergency or in the case of an event that would require life saving procedures. _____

(Initials)

I, _____, understand that in the event of an emergency, if

(Print Name)

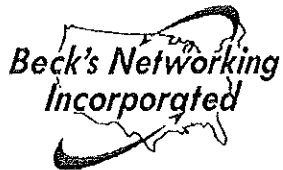
my next of kin cannot be contacted, an acting officer of Beck's Networking, Inc. can stand in for the next of kin and give consent for emergency medical attention and treatment. _____

(Initials)

In the event of a medical emergency, how far would you want the hospital where the treatment is taking place and Beck's Networking, Inc. to go if it is deemed necessary to use life saving procedures? Please explain: _____

Do you have a DNR (Do Not Resuscitate order) or Advance Directive? YES _____ NO _____

Employee Signature: _____ Date: _____



"We are the Contractor's Staffing Firm"

Beck's Networking Inc. PO Box 44 East Enterprise, IN 47019 Phone: (812) 534-3822 Fax: (812) 534-3381

Emergency Medical Information Form

Please take a moment to fill out this form. It will give Beck's Networking, Inc. more detailed information about your medical history in the case of an accident. This information is completely confidential and will be placed in your employee file. Beck's Networking, Inc. will abide by all Health Insurance Portability & Accountability Act (HIPAA) regulations.

Employee Name: (please print) Date of Birth: Social Security Number:

- 1. What is your bloodtype?
2. Are you allergic to any medications? YES NO If yes, please list any and all:
3. Do you smoke cigarettes? YES NO If yes, how many packs per day?
4. Do you drink alcohol? YES NO If yes, how much per day?
5. Do you use recreational drugs? YES NO
6. List any and all pre-existing conditions:
7. Devices that you may use. Please check all that apply: Eyeglasses Contact lenses Hearing aid Pacemaker
8. Do you have any religious preferences that would prohibit you from receiving medical attention and care? YES NO If so, please explain what you would have Beck's Networking, Inc. do in a situation where medical treatment is deemed necessary:

CURRENT PRESCRIPTION MEDICATIONS

CURRENT Herbs / Vitamins / Supplements / Over-the-Counter Medications (NON-PRESCRIPTION MEDICATIONS)

Personal History Checklist. Please check all that apply: Allergies: Anemia: Arthritis: Asthma: Bleeding disorders: Bronchitis: Cancer: Chest pain: Circulation problems: COPD: Depression: Diabetes: Emphysema: Epilepsy / Convulsions: Heart attacks: Heart disease / trouble: High blood pressure: High cholesterol: Insomnia: Kidney disease: Liver disease: Mental illness: Migraine headaches: Sexually transmitted diseases: Skin disorders: Stomach disorders: Stroke:

Employee Signature: Date:



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Incident Reporting Instructions

In the event that you are injured on the job, you need to report immediately to your supervisor and fill out an incident form. In the event of a medical emergency, Beck's Networking, Inc. may release your emergency contact and medical information to the emergency room physician. At anytime if you are unsure which procedure to follow, contact your immediate supervisor or Beck's Networking, Inc.

If the injury is minor: abrasions, small cuts, sprained ankles, etc. follow these procedures:

1. Seek first aid immediately.
2. Report the injury to your Supervisor or Foreman.
3. You must submit to a drug and alcohol test within the first 4 hours of the work related accident/injury.
4. Fill out your section of the Incident Report and have the Foreman fill out the rest of the form.
5. Report the incident to the Human Resources Manager at 812-534-3382 or 812-599-6132 after 5 p.m. eastern standard time.
6. Follow up with the onsite nurse if available to see if any additional medical treatment is needed. Seek outside medical treatment if needed.
7. You must comply with the policies and procedures of the Client at all times.

I understand that Beck's Networking, Inc. will be held harmless in the event that I have been involved in a work related accident/injury while under the influence of drugs and/or alcohol or failing to follow the procedures above.

(Initials)

If the injury is not minor and involves: a life threatening injury, broken bones, loss of consciousness, fall, open wound, etc.

1. Go to the emergency room immediately.
2. Report the injury to your Supervisor or Foreman.
3. You must submit to a drug and alcohol test within the first 4 hours of the work related accident/injury.
4. Fill out your section of the Incident Report and have the Foreman fill out the rest of the form.
5. Report the incident to the Human Resources Manager at 812-534-3382 or 812-599-6132 after 5 p.m. eastern standard time.
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I understand that Beck's Networking, Inc. will be held harmless in the event that I have been involved in a work related accident/injury while under the influence of drugs and/or alcohol or failing to follow the procedures above.

(Initials)

Employee Signature: _____ Date: _____