



Payroll Information Form

DATE:

FIRST NAME: _____ LAST NAME: _____

SIN# _____ Date of birth :(DD/MM/YY): _____

Present Address: _____ Postal Code _____

CONTACT NUMBER _____ Email: _____

RULES OF CONDUCT AND SAFETY

Consuming, being in possession of, or using any alcoholic beverages or illegal drugs on company premises, related job sites, or otherwise is strictly prohibited, and constitutes grounds for **IMMEDIATE** dismissal. Horseplay, fighting, gambling, practical jokes, possession of firearms or otherwise interfering with other workers is strictly prohibited, and constitutes grounds for **IMMEDIATE** dismissal. Theft, vandalism, malicious acts or any other abuse or misuse of company or client property is strictly prohibited, and constitutes grounds for **IMMEDIATE** dismissal. At **NO** time will an employee operate equipment or conduct him or herself in a manner that will endanger the safety of themselves, their co-workers, or the general public, or cause endangerment to equipment or property. All clothing shall be appropriate to the duties being performed. Long pants, a shirt and sturdy footwear are minimum requirements. No tank tops, shorts, or sandals shall be worn. All unsafe acts and conditions, including "near miss" incidents, regardless of their nature, shall be promptly reported to your **IMMEDIATE** supervisor. All incidents that result in property damage or personal injury shall be reported to a supervisor **IMMEDIATELY**. First Aid treatment is to either be administered or obtained promptly for any injury. **ALL** work shall be carried out in accordance with appropriate safe work practices and job procedures in accordance with your supervisor's direction. **EVERY** worker shall keep his/her work area clean and orderly at all times. Employees have the right to refuse any work in an unsafe environment. If at any time an employee feels they are in such a situation, they shall cease working and contact their supervisor immediately. In case of an accident resulting in injury, A Helping Hand will expect the worker engaged in the occupation to be administered a drug and alcohol test to ensure that this is not a factor contributing to the accident _____(initial)

I HEREBY DECALARE ALL ID AND INFORMATION ARE CORRECT AND WILL BE SUBJECTED TO VERIFICATION. I ALSO UNDERSTAND A HELPING HAND WILL NOT BE HELD LIABLE FOR ANY PENALTY OR LACK OF PAYMENT THAT MAY ARISE DUE FALSE OR MISLEADING INFORMATION PROVIDED HEREIN

SIGNATURE _____

A Helping Hand is located at #113-3825 34 Street NE. Our payroll days are every Monday and Friday. Please print off a timesheet (available on www.ahhand.com) and bring in person to our office between 1pm and 5pm on Monday or Friday. Payment for outstanding hours worked will be granted via cheque at this time.

Approved by: