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Grand Junction, CO 81501  
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## **Staffing Services Policies and Procedures Agreement**

**Labor Etc., Inc. (LEI) is proud of the services it can offer. In order for LEI to provide staffing services that will help become part of your success, we ask that you, the client, agree to the following terms:**

- **LEI will recruit, hire and place employees qualified to meet your specifications. Client agrees to notify LEI of any changes in the duties or workplace of LEI employees(s) from those originally specified by the Client. Client will supervise, direct and control the work performed by LEI employees. Client will be responsible for all operational results, including, physical loss or damage to the machinery, equipment, materials, data or other property in the car, custody, or control of an LEI employee, and bodily injury (except for bodily injury to the employees covered by workers' compensation) unless caused by the willful misconduct of LEI's employee(s).**
- **LEI will provide employees to perform the duties specified by the Client. LEI is not present to direct the work. LEI cannot be responsible for, and Client agrees to indemnify and hold LEI harmless for losses or damage from work performed by employees in a reasonably prudent manner, as instructed by the Client, or losses resulting from misconduct or negligence by the Client. Client agrees on behalf of the Clients insurer(s) to waive all rights of recovery (subrogation) against LEI.**
- **LEI's terms of sale are due upon receipt of invoice. A past due invoice may cause interruption in service unless arrangements are made with the Accounts Receivable department. Client agrees to pay the charges based on the timecard or other manually acceptable recording method by the invoice date. A monthly service charge of (18% per annum) may be assessed on charges remaining unpaid 30 days after the invoice date. Client agrees to pay collection costs of 40% of any unpaid balance in addition to all attorney fees.**

- **Client agrees to provide all necessary safety training as required by OSHA for work performed.**
- **Client agrees to include LEI employees in all safety training and meetings.**
- **Client agrees LEI employees will not work above 4 feet or underground without notification.**
- **Client agrees to report all work related injuries to LEI, Kris Cox, or Darren Spomer immediately or by end of shift.**
  - **Scan, email, or mail all internal incident reports to Kris Cox or Darren Spomer.**
- **Client agrees not to hire any LEI employee that has been referred to them by LEI prior to the employee working 400 hours through LEI. If the Client refers employee to LEI, employee is eligible at any time.**
- **Client agrees to use the LEI timecard. If client uses any other forms of timecard, Client acknowledges and agrees to the terms and conditions defined on the LEI timecard.**
- **Client agrees to have timecards turned to LEI by 11:00 A.M. on the following Tuesday. Client may fax timesheets to our office. By faxing timesheets to LEI, signed or unsigned, the Client agrees that all hours are correct and the work was completed to the Client's satisfaction.**
- **Our employees are guaranteed a minimum 2 hours of work when sent on assignment. In the event that they finish in less time and are sent home by the Client, they will be paid for the full 2 hours and the Client will be billed the same unless prior arrangements have with made with LEI.**
- **Client agrees not to hire any LEI employee until all outstanding invoices are paid in full.**
- **By signing below, Client agrees to the above terms and conditions on the Staffing Agreement and Labor Etc., Inc. timecard.**
- **Client agrees to the following billing rate: \_**

**Billing Rate is:**

**\$20 – Colorado Background Check (If needed)**

**\$15 – 6 panel Instant Drug Test (If needed)**

**\*Speak to Kris Cox or Darren Spomer regarding rates.**

\_\_\_\_\_  
**Client Approval**

\_\_\_\_\_  
**Title/Dept.**

\_\_\_\_\_  
**Date**

**Labor Etc., Inc.**

**Title/Dept.**

**Date** \_\_\_\_\_



## Application for Credit

Name of Firm \_\_\_\_\_ Business Type \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (If different from above) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Years at Above Address: \_\_\_\_\_

Type of Business: Individual Partnership Corporation Federal Tax ID #: \_\_\_\_\_

**The Following Information Is Required To Establish Your Credit. It Will Be Held In The Strictest Confidence. If You Do Not Provide This Information You Must Pay By Credit Card.**

Name(s) of Principals	Social Security Number	Date of Birth

### FINANCE INFORMATION

Bank: _____	Address: _____
Account Number: _____	Bank Officer: _____

**We Require A Credit Card For Service. Invoices Are Due Upon Receipt. If We Do Not Receive Payment Within 30 Days Your Credit Card Will Be Charged For The Invoice Plus Any Accrued Interest.**

Credit Card Number: _____	Name on Card: _____
Card Type: _____	Expiration Date: _____
	Security Code: _____ (3 digit code on back of card)

### TRADE REFERENCES:

Business Name	Address	Phone Number

The above information is for the purposes of obtaining credit and is warranted to be true. I/we authorize the firm to whom this application is made to investigate the references listed pertaining to my/ our credit and financial responsibility. **All invoices are due upon receipt. A late payment charge of 1.5 % per month (18% per annum) accrues on the past due balance. Failure to pay will result in the above listed credit card to be charged.** Applicant's signature attests financial responsibility, ability, and willingness to pay our invoices in accordance with the terms.

\_\_\_\_\_

Signature

Title

Date

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Signature

Title

Date