

**FOR OFFICE USE ONLY**

PEO: 24

CID: 314

EID:

NAME (FIRST)	LAST	MIDDLE
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STREET ADDRESS	APT
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CITY	ST	ZIP
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SOCIAL SECURITY NUMBER	PHONE	COUNTY
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EMERGENCY CONTACT NAME	PHONE	EMAIL
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ARE YOU EITHER A U.S.CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO
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HAVE YOU EVER FILLED OUT AN APPLICATION WITH ACRISURE OR ANY OF ITS AFFILIATED COMPANIES BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU BEEN CONVICTED OF A FELONY IN THE LAST 7 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO
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IF YES, GIVE DATE ____/____/____	IF YES, PLEASE EXPLAIN:
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WORK HISTORY

PREVIOUS EMPLOYER	COMPANY CONTACT	RATE OF PAY	START DATE	LAST DAY WORKED	POSITION HELD	REASON FOR SEPARATION

EMPLOYEE AGREEMENT

I, the undersigned employee, in consideration of my hiring by Acrisure Business Outsourcing Services and its entities (herein referred to as PEO) as an at-will employee of PEO, acknowledge and agree to the following: I have been hired as an at-will employee of PEO, which is a Professional Employer Organization. I realize I now have two employers. I understand and agree that either PEO or I can terminate our employment relationship at any time with or without notice, with or without cause. Upon termination of the PEO arrangement, employment automatically reverts to a singular employee relationship between the former worksite employer and the employee.

The worksite employer is exclusively responsible for paying benefits under client initiated programs and policies related to paid leave (eg, vacation and sick leave) and other perquisites such as bonuses' and severance pay. In addition, I also agree that if at any time during my employment I am subjected to any type of discrimination, including discrimination because of race, sex, age, religion, color, veteran status, retaliation, national origin, handicap, disability or marital status, or if I am subjected to any type of harassment, I will immediately contact PEO at 1-800-748-0351 in order to obtain assistance in the resolution of such matters. I understand that by signing this agreement, I have read and understand the policies set forth by PEO. I agree that if I have any questions regarding this agreement I will ask a representative of PEO.

I state that the information provided on this application is true and complete. I understand that it shall be grounds for immediate dismissal if any of the information contained herein is found to be untrue. I will hold you harmless from any claims including, but not limited to, personal injury or illness as a result of providing false or misleading information on this application. This form will apply to employment with any Acrisure Business Outsourcing Services entities and any other entities that may be created in the future.

APPLICANT'S SIGNATURE _____

DATE _____

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Date of Hire: _____

Job Title: _____

Pay Rate: \$ _____

Hourly: Salary: Commission: Full Time: Part Time: Part-Time/Benefits Eligible: