

**FW-701 FAITHWORKS EMPLOYEE ENROLLMENT FORM**

LAST NAME FIRST NAME M.I.

STREET ADDRESS APARTMENT / UNIT #

CITY STATE ZIP

SOCIAL SECURITY NUMBER DATE OF BIRTH SEX

EMERGENCY CONTACT NAME & RELATIONSHIP PHONE NUMBER

PLEASE LIST THREE JOB SKILLS THAT YOU HAVE (EXAMPLE: WAREHOUSE, FORKLIFT OPERATOR, COOK)

- 1. 2. 3.

I understand that I am enrolling in Safe Harbor's back-to-work program. I agree to submit to urine drug and/or alcohol screenings at any time during my participation in this program if so requested. I understand that I may not seek or discuss employment with any Corporate Partner without written permission from the administrative office of Safe Harbor. I understand that I am employed through Safe Harbor and that I may not discuss my rate of pay with any other participant, and that all issues other than work performed for the Corporate Partner must be discussed with the Safe Harbor Reliable Coordinator. I understand that I am not to ask to borrow money, equipment, or other property from any Corporate Partner or Client. I understand that this employment is temporary in nature and that there are no guarantees regarding hours, days, shifts, or the nature of work available. I understand that although Safe Harbor provides transportation to and from work, I may sometimes have to wait for extended periods for transportation to arrive. I understand that there is no smoking or drinking allowed on Safe Harbor vehicles. I certify that the information provided above is true, and understand that I may be immediately dismissed from Safe Harbor back to Work Program should any information presented above prove to be false or misleading; if I violate any of the policies stated above; if I violate the policies or procedures of Safe Harbor; or if I violate any of the conditions of my participation in the Safe Harbor back to work program.

**SIGNATURES**

EMPLOYEE SIGNATURE

DATE