

Employee Agreement

Name:	SSN:
Street Address:	
City/State/Zip:	
Date of Birth:	
Position:	
 the shift. Repeated unauthorized early/late Use of alcohol or any illegal drugs prior to for immediate termination. Employee must give 24 hours notice for a 	required for position. vithin 5 minutes of the scheduled start or end of e clock-ins will result in termination. o or while on duty is strictly prohibited and grounds
<u> </u>	gardless of the dates of payment of my wages
Employee Signature:	Date:
TPS Representative Signature:	Date: