

## EMPLOYMENT ORIENTATION RECAP

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**OSHA TRAINING:** I have been informed that Tradesmen International offers the OSHA 10-Hour Construction Safety Course delivered by OSHA-authorized trainers at no cost to me. . I understand that as a Tradesmen field employee, I am encouraged to attend this 10-Hour Course to help broaden my knowledge in the recognition, avoidance, and prevention of construction safety hazards on client jobsites. I understand that non-attendance will not affect my employment status with Tradesmen. However, I also acknowledge that an increasing number of Tradesmen clients require all workers on their jobsites to have completed the 10-Hour Course and that Tradesmen International field employees must provide confirmation of course completion (an OSHA 10-Hour Card) to be eligible for work assignments with these employers. I further acknowledge that there may be other circumstances where confirmation of Course completion may be a prerequisite to assignment to particular jobs or categories of jobs. .. I understand that I am free to complete an OSHA 10-Hour Construction Safety Course delivered by any certified training provider at my own expense, at any time.

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**TRADESMEN INTERNATIONAL SAFETY ORIENTATION:** As part of the Tradesmen application process, I have viewed the Tradesmen International Pre-Employment Construction Safety video. In addition to viewing this video, I was provided the opportunity to ask questions and seek clarification in any areas I did not fully understand. I have also been provided with a Tradesmen International Employee Safety Handbook that outlines proper safety processes and procedures that I must follow while working on any jobsite for a client, and have been provided the opportunity to ask questions regarding the content of this handbook. I have also been informed that it is my responsibility to maintain this book and have it available with me at all times I am expected to be working. I have been made aware that I may work on projects where there is the potential for respirable crystalline silica exposure and have been provided the opportunity to ask questions regarding possible silica exposure. In addition, I understand that if I have any safety concerns regarding silica exposure on any worksite, I will contact my local Tradesmen field office immediately. Also, the toll-free Tradesmen Safety Hotline phone number has been provided to me and I have been given the opportunity to ask questions regarding the Safety Hotline.

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**ACCIDENT REPORTING:** I have been informed that as a field employee of Tradesmen International, I am required to immediately report to the client supervisor and Tradesmen International: (i) any observed jobsite accident, regardless of the existence or extent of any resulting physical injury or property damage; and (ii), any unsafe working condition that presents a potential of occupational illness, serious injury, or death to any employee. I have also been informed that, **should I sustain a work-related injury or illness, , I must notify my client supervisor and Tradesmen International within a reasonable period of time after I become aware that I have sustained a work-related injury or illness and complete an Incident Report as soon as possible thereafter.** The options for reporting such accidents, working conditions, and work- related injuries/illnesses, including the toll-free Tradesmen Safety Hotline phone number, have been explained to me. Should I sustain a work-related injury or illness, I will consult with Tradesmen on where to seek any necessary medical treatment. I understand that Tradesmen International will investigate any reported accidents, unsafe working conditions, and work-related injuries observed or sustained by me, and that I am expected to cooperate fully with the investigation by answering all questions truthfully and by providing any and all information of which I am aware in response to such investigation. I have been informed that there will be no negative repercussions directed at any employee who reports any jobsite accident or unsafe working condition or who reports or sustains any work-related illness or injury.

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**TIME CARDS:** I understand the urgency with which time cards should be handled and realize that **my time card IS my paycheck.** My completed and signed time card is my responsibility and only my responsibility. It will be my priority to turn in a completed and signed time card no later than 8:00 am Monday following the work week. In order to get paid on Friday of each week, the time card must be:

- Initialed by the jobsite supervisor for every day worked.
- Signed by me and the jobsite supervisor.
- Marked by me to indicate my realization of having I sustained a work-related injury that pay week.

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**CALL IN POLICY:** I must contact the Project Coordinator or Recruiter every day after 4:00 until I receive my first work assignment. The name of the Tradesmen Project Coordinator or Recruiter that I will contact and the phone number is:

\_\_\_\_\_ **BENEFITS:** I have been given information regarding the MEC (Minimum Essential Coverage) plan that will provide the required mandated insurance coverage in accordance with the Affordable Care Act (ACA). I also understand that I may be eligible for benefits if I work 780 hours in a defined 6-month measurement period from my first pay date, as per the requirements under the ACA. Effective date of coverage for benefits is the first of the month following the 60 day administrative period. When I meet this requirement, I will receive an email notification from TBX on how to enroll.

\_\_\_\_\_ **FIELD EMPLOYEE POLICY MANUAL:** I acknowledge having received a personal copy of the Manual understand it is my responsibility to read the Manual in its entirety. I also understand that should I have any questions or require any clarification about any part of the Manual or future revisions to the Manual or any other Tradesmen policies, I am responsible for contacting a responsible Tradesmen representative about these questions or requests.

\_\_\_\_\_ **EMPLOYMENT ARBITRATION AGREEMENT:** I have received the Employment Arbitration Agreement. I understand that I consent to this Agreement by continuing or accepting employment with Tradesmen, unless I opt out of this Agreement as described in section C.3 of the Agreement.

\_\_\_\_\_ **NOTICE OF ERISA ELECTRONIC DISCLOSURE:** I have received the Consent for Electronic Delivery of ERISA Documents. I understand that I have the right to receive paper copies of all employee benefit notices, upon request and at no additional charge.

\_\_\_\_\_ **THIRD PARTY VENDOR ACKNOWLEDGEMENT:** I understand that, in the normal course of business, Tradesmen International, LLC may share personally identifiable information pertaining to employees and/or their immediate relatives with third party providers in order to provide services including, but not limited to, health insurance benefits, workers' compensation, payment of wages, tax reporting, and employment onboarding. These third party providers have agreed not to intentionally provide any such personally identifiable information to other third parties. Tradesmen International, LLC does not sell personally identifiable information. Data may continue to be shared with third party providers throughout the term of employment. In addition, data may continue to be shared after the termination of employment, as necessary to meet ongoing obligations to the employee or government agencies or other legitimate business purposes. By checking this box, I consent to these practices.

**I have read and understand all of the above statements and have asked for clarification for anything I had questions on:**

Employee Name: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Keep One Copy for Tradesmen File and Give One Copy to Employee