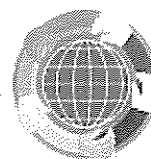


World Technical Services, Inc.

"Creating a World of Possibilities"



P.O. Box 200550 San Antonio, TX. 78220-0550 Phone: (210) 333-1514/Fax: (210) 333-3433

Employment Application

Date of Application: ____/____/____

We consider applicants for all positions without regard to sex, race, religion, color, national origin, age, sexual orientation, **disability (physical or mental handicap)**, or any legally protected status.

(Please Print: No blank lines are acceptable. Any line not applicable, write "N/A.")

Full Name: _____ Social Security No.: ____--____--____
(Last) (First) (Middle)

Current Mailing Address: _____ AC: (____) _____
(Street) (City) (State) (Zip) (Best Contact Number)

List any other names used if different from the name given on this application: _____

Position(s) you wish to apply for:	Expected Salary:
	\$ _____ per.

Full-Time Part-Time Summer Temp/Project Date available for work: _____

Are you willing to work hours other than 8-5? Yes No Are you willing to work days other than Monday-Friday? Yes No

Hours available to work: _____ Days Nights Holidays On Call Emergency

Are you willing to travel? Yes No If yes, what percentage of the time? _____

Driver's License (if required for this position)/Identification Card Number: _____

State: _____ Class: _____ Are you at least 17 years of age? Yes No

Geographic preference. (Be specific to city/area.) _____

Have you ever been convicted of a felony, misdemeanor, and/or deferred adjudication? Yes No If your answer is "Yes," explain in concise detail on a separate sheet of paper, giving the dates and nature of the offense, the name and location of the court, and the disposition of the case. A conviction may not disqualify you, but a false statement will.

EDUCATION (NOTE: Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certifications and registrations.)

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 Did you graduate/achieve GED? Yes No

Name (s) of last high school and/or university, college or vocational institution attended:

Complete address/phone number of most recent school attended:

Do you speak a language other than English? (If required for this position) Yes No

If yes, what language(s) do you speak? _____ How fluently? Fair Good Excellent

Do you have any relatives working for this agency? Yes No If yes, list the names, relationships, city where employed.

Have you previously worked for World Technical Services, Inc. or any of its subsidiaries? Yes No

If yes, state position, location, date left, and reason _____

World Technical Services, Inc. is an Equal Opportunity Employer

Military Service (Dates of Service (From/To)) _____	Type of Discharge _____
Branch of Service _____	Technical Specialization _____ Rank Attained _____

Employment Record -- Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer. **May we contact your present employer?** Yes No **Past employer?** Yes No Please indicate if you were employed under a different name.

Company Name:	Phone:	From:	Starting Wage: \$	Rehirable?:
Company Address:		To:	Ending Wage: \$	Yes <input type="checkbox"/> No <input type="checkbox"/>
City, State, and Zip Code:		Job Title:		
Duties and Skills Performed:				
Supervisor's Full Name:		Reason for Leaving:		

Company Name:	Phone:	From:	Starting Wage: \$	Rehirable?:
Company Address:		To:	Ending Wage: \$	Yes <input type="checkbox"/> No <input type="checkbox"/>
City, State, and Zip Code:		Job Title:		
Duties and Skills Performed:				
Supervisor's Full Name:		Reason for Leaving:		

Company Name:	Phone:	From:	Starting Wage: \$	Rehirable?:
Company Address:		To:	Ending Wage: \$	Yes <input type="checkbox"/> No <input type="checkbox"/>
City, State, and Zip Code:		Job Title:		
Duties and Skills Performed:				
Supervisor's Full Name:		Reason for Leaving:		

Write the name, phone number, and relationship as a professional and/or personal reference:

Where you ever terminated or ever offered an opportunity to resign rather than being fired? Yes No

If so, explain: _____

Do you have a disability? Yes No (NOTE: We strive to employ the disabled)

If so, indicate disability with appropriate abbreviations. Disability _____

Visual Impairment (VI)	Hearing Impairment / Deafness (Deaf)	Physical Impairment (PI)
Drug / Alcohol Disorder (DA)	Mental Health Disorder (MH)	Mental Retardation (LD)
Epilepsy (EPI)	Head Injury (HI)	Other ** Please Specify

The success of the company will depend not only on production and sales, but also how safely each job is performed. No service or job is urgent enough to neglect safety procedures. Safety and health is everyone's responsibility. Employee responsibilities include the following but are not limited to the same:

Safety and Health Responsibilities

1. Safety on the job for yourself and for your co-workers -- follow all safety rules;
2. Report any unsafe practice or unsafe condition in your work area;
3. Report all accidents and injuries immediately (within an hour);
4. Continuously provide housekeeping in your work area and break areas;
5. When lifting heavy objects, use the large muscles of the leg instead of the smaller muscles of the back;
6. Inappropriate footwear or shoes with thin or badly worn soles shall not be worn;
7. Employees shall cleanse thoroughly after handling hazardous substances, and follow special instructions;
8. Wear safety belts when work requires it;
9. Make sure you follow all safety precautions on the MSDS and Environmental regulations when using any chemicals;
10. Check with your supervisor for the proper protective clothing or personal protective equipment such as gloves, goggles, protective suits, barrier creams, hard hats, reflective vests, etc.;
11. Do not use ladders / stepstools with broken or missing steps or rungs and report any unsafe ladders / stepstools to your supervisor;

Drug Free Environment:

Any of the following actions constitutes a violation of Policy and may subject an employee to disciplinary action including, immediate termination:

Use of Alcohol:

No employee of this Company shall drink or consume any kind of alcoholic beverage or intoxicating liquor on Company time.

No alcoholic beverage or intoxicating liquor shall be consumed by any employee of this Company on any premises occupied by this Company, whether it be on Company or private property.

No employee of this Company shall report to work while under the influence of an alcoholic beverage or intoxicating liquor. The odor of alcohol or liquor on the breath of an employee will be considered as presumptive evidence.

Use of Narcotics:

Employees of this Company shall not use habit forming drugs or narcotics at any time. The only exception would be in the instance of properly prescribed drugs or narcotics by a licensed physician for treatment of an illness or injury.

Voluntary Substance Testing:

In order to protect myself and my employer, I, _____ voluntarily authorize blood and urine testing for alcohol and / or drug use. I agree to allow such samples and testing be completed at a time and place to be chosen by my employer. I understand should such samples and testing be requested if is due to suspicion that I am under the influence of alcohol and or / drugs and by being so may endanger myself or others or may affect the product quality of my work. I further authorize the results of samples / testing to be released to my employer.

Employee Signature: _____ Date: _____ Witnessed by: _____ Date: _____

Sexual Harassment:

Sexual harassment will not be tolerated within World Technical Services. We have a low tolerance for personnel who discriminate against gender, race, religion, ethnic background, disabilities, and education. It hinders professional working relationships because it generates mistrust between staff members, and supervisors lose respect of fellow employees when such behavior is permitted.

Sexual Harassment Policy Acknowledge:

I acknowledge that I have received a copy of the Sexual Harassment Policy (*Separate document in addition to this job application*). I also acknowledge that the provisions of the policy are part of the terms and conditions of my employment and that I agree to abide by them.

I have read said policy and understand by them and that any breach of the policy will be grounds for disciplinary action, up to and including termination.

Employee signature: _____ Date: _____

Applicant's Statement – Read carefully:

I hereby certify that all of my statements and information are true and I understand that any false statements or omissions are cause for termination. I grant permission to the Company to investigate my criminal history, education, prior employment history and references, and hereby release all persons or agencies from all liability for any damage for issuing this information.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

I understand and agree that if employed, the employment will be at "will." That is, either I or World Technical Services, Inc. may end the employment relationship at any time, for any reason, or for no reason, and with or without notice.

Applicant's signature: _____ Date signed: _____

For Company Use Only:

Arrange Interview?: Yes No Remarks: _____

Interviewer: _____ Date: _____ Employed: Yes No Date of Employment: _____

Job Title: _____ Hourly Rate / Salary: _____ Location / Department: _____

Hired by: _____ Date: _____

Form W-4 (2010)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2010 expires February 16, 2011. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on his or her tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax

payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2010. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for yourself if no one else can claim you as a dependent **A** _____

B Enter "1" if:
 • You are single and have only one job; or
 • You are married, have only one job, and your spouse does not work; or
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. **B** _____

C Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) **C** _____

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return **D** _____

E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) **E** _____

F Enter "1" if you have at least \$1,800 of child or dependent care expenses for which you plan to claim a credit **F** _____

(Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G **Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.
 • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children.
 • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children. **G** _____

H Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ► **H** _____

For accuracy, complete all worksheets that apply.
 • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
 • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$18,000 (\$32,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
 • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
Department of the Treasury Internal Revenue Service		► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		2010
1 Type or print your first name and middle initial.		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5		6 \$
6 Additional amount, if any, you want withheld from each paycheck		6		
7 I claim exemption from withholding for 2010, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ►		7		
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (Form is not valid unless you sign it.) ►		Date ►		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)



APPLICANT EEO DATA FORM

The information requested is being collected for the purpose of reporting to Federal and Equal Employment Opportunity Agencies and will not be considered as part of the application for employment. It will be separated from the application.

1. Job Posting Number	2. Social Security No.	3. Last Name (Type or Print)	First Name	Middle Name
4. Address		City	State	ZIP Code
5. Phone Number (include AC) ()				
6. Sex <input type="checkbox"/> M-Male <input type="checkbox"/> F-Female	7. Birth Date	8. Ethnic Origin (Check mark preferred) <input type="checkbox"/> W-White <input type="checkbox"/> B-Black <input type="checkbox"/> H-Hispanic <input type="checkbox"/> P-Islander <input type="checkbox"/> Asian/Pac. <input type="checkbox"/> I-Alaskan <input type="checkbox"/> Am.Ind/ <input type="checkbox"/> O-Other		
9. How did you find out about this job?				
<input type="checkbox"/> 01 - Other State Employee	<input type="checkbox"/> 02 - Job Fair	<input type="checkbox"/> 03 - Professional Publication	<input type="checkbox"/> 04 - Recruitment Poster	<input type="checkbox"/> 05 - Newspaper _____ Name of Newspaper
<input type="checkbox"/> 06 - College/University Career Day	<input type="checkbox"/> 07 - Governor's Job Bank	<input type="checkbox"/> 08 - Human Resource Services/Personnel Office	<input type="checkbox"/> 09 - Texas Workforce Comm.	<input type="checkbox"/> 10 - Other (specify): _____

X

Signature – Applicant

Date

AN EQUAL OPPORTUNITY EMPLOYER

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification *(To be completed and signed by employee at the time employment begins.)*

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

A citizen of the United States

A noncitizen national of the United States (see instructions)

A lawful permanent resident (Alien #) _____

An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature _____ Date (month/day/year) _____

Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.*

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

Section 3. Updating and Reverification *(To be completed and signed by employer.)*

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
-----------------------------	--

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____ Document #: _____ Expiration Date (if any): _____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
--	-----------------------

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

Documents that Establish Both
Identity and Employment
Authorization

LIST B

Documents that Establish
Identity

LIST C

Documents that Establish
Employment Authorization

OR

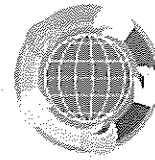
AND

1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
	4. Voter's registration card	
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	5. U.S. Military card or draft record	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
	6. Military dependent's ID card	
	7. U.S. Coast Guard Merchant Mariner Card	
	8. Native American tribal document	5. Native American tribal document
	9. Driver's license issued by a Canadian government authority	6. U.S. Citizen ID Card (Form I-197)
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	For persons under age 18 who are unable to present a document listed above:	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	10. School record or report card	8. Employment authorization document issued by the Department of Homeland Security
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

World Technical Services, Inc.

"Creating a World of Possibilities"



P.O. Box 200550 San Antonio, TX. 78220-0550 Phone: 210.333.1514 Fax: 210.333-3433

Medical Release Form

I hereby authorize World Technical Services, Inc. (WTS), and its representatives full access to all of my medical records including records pertaining to treatment, prognosis and diagnosis, including any specifically protected or listed records (i.e. reports/documents relating to psychological or psychiatric impairments, drug abuse, alcoholism, etc).

I further authorize my medical care providers (or designated officials) to provide to and discuss with WTS and its representatives all confidential information with respect to my medical condition or treatment (on an informal or formal basis).

Release Records To: World Technical Services, Inc.
P.O. Box 200550
San Antonio, Texas 78220-0550

Patient's Name: _____ **SSN:** _____ **D.O.B:** _____

Which Records?: All medical, psychiatric, psychological diagnosis and treatment records, hospital records, and any records pertaining to my medical history, slides and/or blocks, charts and evaluations of any kind.

Purpose of Disclosure: For use in obtaining employment under Ability One Contract.

I understand that I may revoke the Authorization at any time prior to the expiration date or event, but that my revocation will not have any effect on actions taken by the healthcare provider(s) or its physicians, employees or agents before the healthcare provider(s) received my revocation. Should I desire to revoke this Authorization, I must send written notice to the healthcare provider(s).

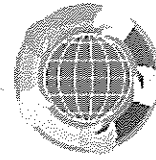
I understand that I am not required to sign this Authorization. The healthcare provider(s) will not condition treatment, payment or eligibility for my employment with WTS on whether I provide this Authorization. However, I further understand that if I do not sign this Authorization, I may not be eligible to qualify under the Ability One Contracts program. WTS must have competent medical records to document that I am totally and permanently disabled.

Patient or Authorized Representative's Signature: _____
Relationship to Patient: _____ **Date:** _____

Note: It is the goal of WTS to assist the above named employee by providing him/her with rehabilitation services, education, training, employment and opportunities for personal growth as an interim step in the rehabilitation process.

World Technical Services, Inc.

"Creating a World of Possibilities"



P.O. Box 200550 San Antonio, TX. 78220-0550 Phone: 210.333.1514 Fax: 210.333.3433

Memorandum:

Attention WTS Employees and Supervisors:

There has been a significant increase in the abuse/misuse of WTS' equipment. The equipment and supplies provided are available to allow efficient productivity and ensure effective quality in the services we provide. It's imperative this invaluable equipment is utilized properly according to appropriate manual procedures/WTS instruction. Neglecting to follow these enforced proceedings is strictly prohibited, not to mention this palpable disregard carelessly compromises the safety of fellow employees, yourself and the equipment as well.

World Technical Services, Inc. policy states that if an employee causes damage to any WTS equipment or property, the responsible party/parties involved are financially liable for its replacement or repair. This signed memorandum is an acknowledgement to stringently adhere to handle their issued equipment with delicate care. Thank you in advance for everyone's cooperation. We're optimistic to promote safety awareness for all WTS staff as well as note a profound decrease in the abuse and negligence in WTS property in the very near future.

Sincere Thanks and Warm Regards,

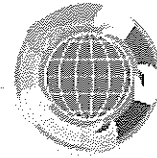
Savanna Ramirez
World Technical Services, Inc.
1603 South W.W. White Road/P.O. Box 200550
San Antonio, TX 78220
Bus: (210) 333-1514/Fax: (210) 333-3433
www.WorldTechSA.org

Employee Signature:

Witness Signature:

World Technical Services, Inc.

"Creating a World of Possibilities"



P.O. Box 200550 San Antonio, TX. 78220-0550 Phone: 210.333.1514 Fax: 210.333-3433

Temporary Employment Form

I, _____ (Potential Employee), absolutely understand that the position I am accepting with World Technical Services, Inc. is **temporary in nature.** I am also completely informed that **there is no guarantee of the number of hours per week or duration of my employment issue to myself.**

From the beginning of my hire date of _____, a 90-day review period is assessed by WTS Human Resources to ensure that I'm a proper fit for this organization. I have also been notified that World Technical Services, Inc. is currently in the process of thoroughly checking all of my professional/personal references, as well as my criminal background. If for any reason these sources divulge disparaging information that prevent my employment or compromise the condition of the details forwarded to WTS on my application or verbally during the course of my interview, I'm subject for severe disciplinary action up to and including termination effective immediately.

Print Name: _____ Date: _____

Sign Name: _____

Savanna Ramirez (Human Resources Director)