



OFFICE PERSONNEL ONLY  
Employee Pay Rate

Date: \_\_\_\_\_

☐ Employee

☐ Current Employee Rate Change as of \_\_\_\_\_

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

Property Name: \_\_\_\_\_

Employee Position: \_\_\_\_\_

Yearly Salary \$ \_\_\_\_\_

Or

Hourly Rate \$ \_\_\_\_\_

*\* I have reviewed my yearly salary / hourly rate and I agree to this amount.  
I also understand that there are 24 pay periods in the year. I acknowledge  
& agree that I must turn in completed time-sheets on time as directed by HR.*

\_\_\_\_\_  
Employee Signature (REQUIRED)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Manager Signature (REQUIRED)



**ROBERTS**  
JANITORIAL & STAFFING SOLUTIONS

## EMPLOYMENT APPLICATION

### PERSONAL INFORMATION

Date: \_\_\_\_\_ Social Security: \_\_\_\_\_

Name: \_\_\_\_\_  
First Middle Last

E-mail Address: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ If

Different then Physical Address:

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### EMPLOYMENT DESIRED

Position: \_\_\_\_\_ Date Available to Start: \_\_\_\_\_

Are You Employed Now? \_\_\_\_\_ Salary Desired: \_\_\_\_\_

### EDUCATION

|             | NAME AND LOCATION OF SCHOOL | GRADUATED<br>Y / N | MAJOR SUBJECTS | GPA |
|-------------|-----------------------------|--------------------|----------------|-----|
| GRAMMAR     |                             |                    |                |     |
| HIGH SCHOOL |                             |                    |                |     |
| COLLEGE     |                             |                    |                |     |
| OTHER       |                             |                    |                |     |

Subjects of Special Study: \_\_\_\_\_

Activities (civic, Athletic Etc): \_\_\_\_\_

# EMPLOYMENT APPLICATION (PAGE 2)

Have you ever been convicted? \_\_\_\_\_ How long ago? \_\_\_\_\_

If so please explain:

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## **EMPLOYMENT HISTORY**

| MONTH & YEAR | NAME AND ADDRESS OF EMPLOYER | SALARY | POSITION | REASON FOR LEAVING |
|--------------|------------------------------|--------|----------|--------------------|
|              |                              |        |          |                    |
|              |                              |        |          |                    |
|              |                              |        |          |                    |
|              |                              |        |          |                    |

## **REFERENCES** (PLEASE PROVIDE THREE PERSONS NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

| NAME | ADDRESS | BUSINESS | PHONE NUMBER | RELATIONSHIP |
|------|---------|----------|--------------|--------------|
|      |         |          |              |              |
|      |         |          |              |              |
|      |         |          |              |              |
|      |         |          |              |              |

## **EMERGENCY CONTACTS**

| NAME | ADDRESS | BUSINESS | PHONE NUMBER | RELATIONSHIP |
|------|---------|----------|--------------|--------------|
|      |         |          |              |              |
|      |         |          |              |              |
|      |         |          |              |              |

*I AUTHORIZE INVESTIGATION FOR ALL STATEMENTS IN THIS APPLICATION. I UNDERSTAND THAT DIRECT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER MORE I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITH OUT ANY PREVIOUS NOTICE.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# **DRESS CODE FOR TEAM MEMBERS, & SUPERVISORS**

## **Shirts, Tops & Blouses:**

- ACCEPTABLE – Solid Color Collared Polos or T-Shirts & Roberts Janitorial Staffing Uniform Shirt.
- UNACCEPTABLE – Sweatshirts, Tank Tops, Tube Tops, Halter Tops, Spaghetti-Straps, or any Midriff Shirts. Shirts with Words, Logos, Pictures, Cartoons or slogans

## **Slacks & Pants:**

- ACCEPTABLE – Black or Khaki Pants or Capris. Work Out Pants. Solid Colored Jeans Without Holes are Acceptable.
- UNACCEPTABLE – Sweatpants, Shorts (of any kind), Bib Overalls, Leggings or other form-fitting pants or any Spanex.
- UNACCEPTABLE – Mini-Skirts, Skorts, Sun Dresses, Beach Dresses or Spaghetti-Strap Dresses

## **Shoes & Footwear:**

- ACCEPTABLE – Sneakers, Closed toed non-slip shoes
- UNACCEPTABLE – Stiletto High Heels, Flip-Flops or Slippers.

**Jewelry, Makeup & Perfume:** Should be in good taste with limited visible body piercing. Remember, that some employees are allergic to the chemicals in perfumes and make-up, so wear these substances with restraint.

**Hats:** Hats are not acceptable.

**Hair:** Must have clean cut hair, if employee colors her/his hair they must be neutral colors such as black, brown tones, blonde etc. NO bright colors are allowed such as blue, bright red, pink etc. If you have any questions regarding this matter please consult your regional manager or human resource staff.

**PLEASE NOTE:** If your clothing falls in line with anything that is listed as unacceptable you may be sent home to change & will be given a verbal warning. If dress code violations continue, progressive disciplinary action will be applied. I hereby acknowledge that I have read and understood the The Verrado Company's dress code.

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Signature

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Date



## Release and Consent Form

*I \_\_\_\_\_, give Roberts Janitorial Staffing permission to do a background check and verify references provided to the recruiting department as part of my interview process for Roberts Janitorial Staffing to consider my future employment with the company.*

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature



**ROBERTS**  
JANITORIAL & STAFFING SOLUTIONS

## **WORKERS COMPENSATION ACKNOWLEDGMENT OF IMMEDIATE REPORTINGS REQUIREMENT**

According to state law, an employee must forthwith report an industrial accident, injury or illness to his or her employer. To report, immediately call Roberts Janitorial Staffing at 602-466-9882 and also inform your supervisor.

### Reporting Workers Compensation Fraud

Workers' Compensation fraud reduces your company's profits. In return, there is less money available for salaries and bonuses. If you are aware of a fraudulent claim being submitted, please call Roberts Janitorial Staffing at 602-466-9882 and also inform your supervisor. Information provided will be kept confidential.

I acknowledge I have read & understand the above requirements.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature



## **Important Policy Reminder Notice to all Employees**

Accepting Cash Payments – It is against the policy of Roberts Janitorial Staffing , and any affiliated entity to accept cash at anytime for any reason from clients or any other persons on the behalf of Roberts Janitorial Staffing or any other entity associated with Roberts Janitorial Staffing. Any deviation from this policy will be considered unacceptable and zero tolerance will apply.

**UNDER NO CIRCUMSTANCES IS A STAFF MEMBER TO ACCEPT CASH AS A FORM OF PAYMENT FROM A CLIENT ANY TIME OR FOR ANY REASON. ANY DIVIATION FROM THIS POLICY WILL RESULT IN STRONG DISCIPLINARY ACTION AND POSSIBLE TERMINATION.**

Your continued courtesy and cooperation adhering to the company policies as outlined in this reminder is greatly appreciated.

**Please acknowledge receipt of this memo by printing and signing in the space provided below:**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature



## Employee Equipment Agreement

Roberts Janitorial Staffing had provided the following equipment to: \_\_\_\_\_

The Item(s) listed below is/are the property of Roberts Janitorial Staffing and was/are provided for work purposes only. Upon separation of employment all equipment and other property of The Roberts Janitorial Staffing will be returned to the Roberts Janitorial Staffing . Failure to return the property of Roberts Janitorial Staffing will result in deductions from final pay checks and possible civil lawsuit actions.

| Item | Release Date |
|------|--------------|
|      |              |
|      |              |
|      |              |
|      |              |
|      |              |

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

Signature of Witness/Supervisor \_\_\_\_\_ Date: \_\_\_\_\_

522 N. Central Ave #584  
Phoenix AZ, 85001  
(602) 466-9882  
info@roberts-jss.com  
www.roberts-jss.com





**ROBERTS**  
JANITORIAL & STAFFING SOLUTIONS

## DIRECT DEPOSIT AUTHORIZATION AGREEMENT

I hereby authorize Roberts Janitorial Staffing and the bank to deposit my net pay or portion thereof as indicated into my account each payday. If funds to which I am not entitled are deposited to my account, I authorize Roberts Janitorial Staffing to direct the bank to return paid funds to Roberts Janitorial Staffing. This authority is to remain in full force and effect until Roberts Janitorial Staffing has received written notification from me of its termination in such time and in such manner as to afford Roberts Janitorial Staffing and the Financial Institution a reasonable opportunity to act on it.

If this is a new account:

1. The account must be established and active at your bank before you request direct deposit.
2. Each new account will go through a pre-note process that will take one payroll period.

Please check the appropriate line and complete:

\_\_\_ A new account (A through D below must be completed).

\_\_\_ Direct deposit already set up, changing dollar amount only (C through D Below).

\_\_\_ Cancel direct deposit

---

**BANK NAME:** \_\_\_\_\_

**(A) BANK TRANSIT ROUTING NUMBER:**

|  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|

**(B) BANK ACCOUNT NUMBER:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

**(C) TYPE:** CHECKING \_\_\_ (MUST include a voided check) SAVINGS \_\_\_ (MUST include a deposit slip)

**(D) AMOUNT DEPOSITED (amount per payday):** FULL \$ \_\_\_\_\_ or PARTIAL \$ \_\_\_\_\_

**Associate Name: (Print)** \_\_\_\_\_

**Associate Signature:** \_\_\_\_\_

**Social Security #: (Required)** \_\_\_\_\_ **Date:** \_\_\_\_\_

**ATTACH A VOIDED CHECK HERE**

Direct Deposit will not be processed without a voided check attached.

# Roberts Janitorial and Staffing Solutions

## Non-Compete and Non-Solicitation Agreement

This is an Agreement between \_\_\_\_\_ (“You”) and Robert’s Janitorial and Staffing Solutions (“Company”). The Agreement is effective on \_\_\_\_\_.

In consideration of the employment opportunity provided by Robert’s Janitorial and Staffing Solutions, You, intending to be legally bound, agree to the following:

1. **Term of Agreement.** This Agreement is effective on the Effective Date, and shall remain in effect throughout the term of your employment with the Company and for a period of one year thereafter.<sup>1</sup>
2. **Limitations of this Agreement.** This Agreement is *not* a contract of employment. Neither You nor the Company are obligated to any specific term of employment. This Agreement is limited to the subject matter of covenants not to compete or solicit as described in this Agreement.
3. **Covenant Not to Compete.** You agree that at no time during the term of your employment with the Company will you engage in any business activity which is competitive with the Company nor work for any company which competes with the Company.

For a period of one (1) year immediately following the termination of your employment, You will not, for yourself or on behalf of any other person or business enterprise, engage in any business activity which competes with the Company within 10,000 miles of the facility in which you were employed.<sup>2,3</sup>

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<sup>1</sup> Covenants not to compete are not favored by courts, so they generally are interpreted very narrowly. They must be “reasonable” in terms of duration and the geographical area to which they apply. Sometimes the duration can be as long as two or three years, while the size of the territory can be quite small, e.g., a 25 mile radius, or quite large, e.g., anywhere in the world.

<sup>2</sup> Many companies market nationwide and even worldwide, so a narrow restriction may not be terribly helpful. If you seek to limit activity anywhere in the United States or anywhere in the world, you will probably need to make the restriction much narrower. You cannot, of course, deprive the employee of a way to earn a living in your industry.

<sup>3</sup> An alternative clause is:

During the course of your employment, You agree not to work for or provide any services to any competitor of the Company. Neither shall you engage in any competitive activity with respect to the Company. Competitive activity includes, but is not limited to, forming or making plans to form a business entity to directly compete with any business of the Company. This provision does not prevent You from seeking or obtaining employment or other forms of business relationships with a competitor after termination of employment with the Company so long as such competitor was in existence prior to the termination of your relationship with the Company and You were in no way involved with the organization or formation of such competitor.

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4. **Non-solicitation.** During the term of your employment, and for a period of one (1) year immediately thereafter, You agree not to solicit any employee or independent contractor of the Company on behalf of any other business enterprise, nor shall you induce any employee or independent contractor associated with the Company to terminate or breach an employment, contractual or other relationship with the Company.
  5. **Soliciting Customers After Termination of Agreement.** For a period of one (1) year following the termination of your employment and your relationship with the Company, You shall not, directly or indirectly, disclose to any person, firm or corporation the names or addresses of any of the customers or clients of the Company or any other information pertaining to them. Neither shall you call on, solicit, take away, or attempt to call on, solicit, or take away any customer of the Company on whom You have called or with whom You became acquainted during the term of your employment, as the direct or indirect result of your employment with the Company.
  6. **Injunctive Relief.** You hereby acknowledge (1) that the Company will suffer irreparable harm if You breach your obligations under this Agreement; and (2) that monetary damages will be inadequate to compensate the Company for such a breach. Therefore, if You breach any of such provisions, then the Company shall be entitled to injunctive relief, in addition to any other remedies at law or equity, to enforce such provisions.
  7. **Severable Provisions.** The provisions of this Agreement are severable, and if any one or more provisions may be determined to be illegal or otherwise unenforceable, in whole or in part, the remaining provisions and any partially unenforceable provisions to the extent enforceable shall nevertheless be binding and enforceable.
  8. **Modifications.** This Agreement may be modified only by a writing executed by both You and the Company.
  9. **Prior Understandings.** This Agreement contains the entire agreement between the parties with respect to the subject matter of this Agreement. The Agreement supersedes all prior understanding, agreements, or representations.
  10. **Waiver.** Any waiver of a default under this Agreement must be made in writing and shall not be a waiver of any other default concerning the same or any other provision of this Agreement. No delay or omission in the exercise of any right or remedy shall impair such right or remedy or be constructed as a waiver. A consent to or approval of any act shall not be deemed to waive or render unnecessary consent to or approval of any other or subsequent act.
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11. **Jurisdiction and Venue.** This Agreement is to be construed pursuant to the laws of the State of Arizona. You agree to submit to the jurisdiction and venue of any court of competent jurisdiction in Maricopa County, AZ. without regard to conflict of laws provisions, for any claim arising out of this Agreement.

Date \_\_\_\_\_

Robert's Janitorial and Staffing Solutions

By \_\_\_\_\_

By your signature below you acknowledge that you have read and understand the foregoing Agreement, that you agree to comply with all the terms of the Agreement, and that you have received a copy of the Agreement.

Date \_\_\_\_\_

\_\_\_\_\_  
Employee

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# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

|  |   |   |
|--|---|---|
| Print or type.<br>See Specific Instructions on page 3. | 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.   |   |
|  | 2 Business name/disregarded entity name, if different from above  |   |
|  | 3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.<br><br><input type="checkbox"/> Individual/sole proprietor or single-member LLC<br><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____<br><b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.<br><input type="checkbox"/> Other (see instructions) ► _____ | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):<br><br>Exempt payee code (if any) _____<br><br>Exemption from FATCA reporting code (if any) _____<br><br><i>(Applies to accounts maintained outside the U.S.)</i> |
|  | 5 Address (number, street, and apt. or suite no.) See instructions.   | Requester's name and address (optional)   |
|  | 6 City, state, and ZIP code   |   |
|  | 7 List account number(s) here (optional)  |   |

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

|                                |  |  |  |   |  |  |  |   |  |
|--------------------------------|--|--|--|---|--|--|--|---|--|
| Social security number         |  |  |  |   |  |  |  |   |  |
|                                |  |  |  | - |  |  |  | - |  |
| or                             |  |  |  |   |  |  |  |   |  |
| Employer identification number |  |  |  |   |  |  |  |   |  |
|                                |  |  |  | - |  |  |  |   |  |

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

|           |                            |        |
|-----------|----------------------------|--------|
| Sign Here | Signature of U.S. person ► | Date ► |
|-----------|----------------------------|--------|

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*