



ELIGIBILITY REQUIREMENTS

Wage Increase(s)

- 90 Days (after satisfactory completion of training and certifications)
- 1 Year (per satisfactory Employee Review)

PPE Upgrade Program

- Begins after 90 Day Training Program has been completed

Medical Benefits

- Begins after 90 Day Training Program has been completed (company pays 75% of premium for employee only)

Simple IRA

- Begins after 90 Day Training Program has been completed (Company matches up to 3%)

If you wish to decline the Medical Benefits and/or the Simple IRA, Please mark the appropriate box:

I wish to decline the Medical Benefits

I wish to decline the Simple IRA

I, _____, do hereby acknowledge that termination of my employment, either by myself or my employer, within the 90 Day Training Program may result in a fee of up to \$250 being withheld from my final paycheck. This fee is intended to cover the costs of hiring and replacement, including but not limited to: help wanted ad placement, drug testing, safety equipment, safety training, occupational training, supplies, etc.

EMPLOYEE'S SIGNATURE

SUPERVISOR'S SIGNATURE