

# Acknowledgment Receipt of Manpower Maine Handbook



I acknowledge that I have received and reviewed the Manpower Training and Policy Handbook. I have read and understand its contents. I understand that Manpower is my employer and that my employment is at-will, meaning I may resign at any time, for any reason or no reason, and Manpower may terminate my employment at any time, with or without cause and with or without notice. Nothing in the Handbook creates a contract or guarantee of continued employment. Manpower reserves the right to modify, suspend, or eliminate any policies or rules at any time, with or without notice.

I have read, understand, and agree to comply with all Manpower policies and procedures contained in the Handbook, including but not limited to the following. **Please check each box, print your name, and sign at the bottom:**

- |  |  |
|--|--|
| <input type="checkbox"/> Assignment and Time Reporting Procedures                                | <input type="checkbox"/> Drug & Alcohol Policy                       |
| <input type="checkbox"/> Workplace Injury & Incident Reporting                                   | <input type="checkbox"/> Violence-Free and Harassment-Free Workplace |
| <input type="checkbox"/> Safety Awareness: GHS, Lifting, Lockout/Tagout, Distracted Driving, VDT | <input type="checkbox"/> Solicitation/Distribution/Loitering         |
| <input type="checkbox"/> Electronics & Mobile Device Policy                                      | <input type="checkbox"/> Wiretapping, Eavesdropping, and Recording   |
| <input type="checkbox"/> Equal Employment Opportunity  | <input type="checkbox"/> Use of Information Technology Resources     |
| <input type="checkbox"/> Family & Medical Leave Act (FMLA)                                       | <input type="checkbox"/> Confidentiality and Intellectual Property   |
| <input type="checkbox"/> Maine Paid Family & Medical Leave (PFML)                                | <input type="checkbox"/> Unemployment Compensation                   |
| <input type="checkbox"/> At-Will Employment  | <input type="checkbox"/> Anti-Harassment and Anti-Discrimination     |

## Safety Policies

I understand that Manpower is my employer and any incidents, hazards, or injuries must be reported to Manpower immediately. I agree to comply with safety policies of both Manpower and the job worksite. I will report any changes in job duties to Manpower. I will wear required PPE when instructed. I will review Material Safety Data Sheets before using any chemicals. I will not operate machinery or equipment without proper training. If medical attention is required for a workplace injury, I will notify Manpower prior to seeking care unless it is an emergency. I have reviewed Manpower's safety awareness topics in the Handbook and agree to follow all practices.

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

Printed Name: \_\_\_\_\_

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