

2025 A-TEAM SOLUTIONS EMPLOYEE HANDBOOK AND ORIENTATION

EMPLOYEE HANDBOOK AND ORIENTATION ACKNOWLEDGEMENT

I acknowledge that I have received a copy of A-TEAM SOLUTIONS' employee Handbook.

I understand that in processing my application with A-TEAM SOLUTIONS, an investigation may be made in which information is obtained through personal interviews, and a review of information held by law enforcement or other government agencies. I authorize you to verify my past employment and education, criminal records, motor vehicle records, personal references, and other job-related data provided on this application, or via the interview process. I authorize appropriate individuals, companies, institutions, or agencies to release information, and I release them from any liability because of such inquires or disclosures. A consumer report may be generated summarizing this information. I further understand and waive my right of privacy in this investigation and release and hold harmless A-TEAM SOLUTIONS from any liability. I agree that any decision to hire me is contingent upon the results of my report and certify that all statements and answers on my application, resume, or interview are true and complete to the best of my knowledge. I understand that if any statements are false or that if information has been omitted, this will be cause for disqualification and immediate termination of my employment. If employed, I further authorize A-TEAM SOLUTIONS to check my credit and conviction records, as needed, on a continuous basis as it relates to my employment. I am granting A-TEAM SOLUTIONS authorization to release confidential medical information, which may include HIPPA privileged information upon the request from A-TEAM SOLUTIONS clients while I am actively working at the client's facility and /or during the profiling and placement processes.

I understand that A-TEAM SOLUTIONS goal is to always provide me with a consistent level of service. If for any reason I am dissatisfied with A-TEAM SOLUTIONS or the service provided by one of A-TEAM SOLUTIONS Clients, I am encouraged to contact the local manager to discuss the issue. A-TEAM SOLUTIONS has processes in place to resolve customer complaints in an effective and efficient manner. I understand that any individual or organization that has a concern about the quality and safety of patient care delivered by A-TEAM SOLUTIONS professionals, which has not been addressed by A-TEAM SOLUTIONS management, is encouraged to contact the Joint Commission at www.jointcommission.org or by calling the Office of Quality Monitoring at (630) 792-5800. A-TEAM SOLUTIONS demonstrates this commitment by taking no retaliatory or disciplinary action against Employees when they do report safety or quality of care concerns to the Joint Commission.

I have read and understand A-TEAM SOLUTIONS policies and my requirements as an A-TEAM SOLUTIONS' employee. I understand that if I have any questions and/or need clarification for items addressed in the handbook, it is my responsibility to contact the A-TEAM SOLUTIONS office to discuss.

Employee Name Printed

Employee Name and Signature

Date