

Employee Acknowledgement

I acknowledge that I have received and will retain a copy of the Employee Handbook for Salary Exempt, Salary Non-Exempt and Hourly Employees, which outlines the general policies, practices, and benefit guidelines of the Company.

By my signature below, I acknowledge, understand, accept and agree to comply with the information contained in the employee handbook provided to me by the Company. I have read and fully understand all policies and procedures included in the handbook.

I have been informed of and agree, as a condition of employment, to abide by and participate in the Company's Drug/Alcohol Policy. I have provided accurate and complete information for the Second Injury Fund Questionnaire and/or all other medical history inquiries. I understand that violations of safety rules or procedures can lead to disciplinary action up to and including termination. I understand and accept my responsibility for PROMPTLY reporting and/or correcting any safety hazards or hazardous conditions that I become aware of, before proceeding or allowing others to proceed. I am to immediately report such situations to my supervisor and the Safety Department. I understand and am aware of the reporting procedures for filing complaints of harassment and/or discrimination. I understand that violations of the policies, practices and procedures contained in this handbook can lead to disciplinary action up to and including termination.

I acknowledge that the information, policies and benefits described herein are only guidelines, not guarantees which the Company may, in its sole discretion, change as needed to manage its workforce. I understand that any changes, modifications or additions to this handbook will generally be communicated via the Human Resources Department. In addition to the policies contained in this handbook, I understand that, as a condition of employment, I must also adhere to any and all additional departmental, company, state and federal regulations, and work site, work rules and procedures.

I understand and acknowledge that my employment may be terminated at any time, with or without cause and that nothing contained in this handbook or represented to me by any officer or employee of the Company, or any affiliated or related Company creates a contract of employment. I understand that there is no guarantee as to the length of my employment or the number of hours I will be asked to work each day.

By my signature, I accept all Company policies, rules, procedures, and regulations as a condition of employment. I understand that my failure to abide by these rules, procedures, policies or regulation can lead to the discontinuance of my employment. I understand my employment with this company at all times remains at will.

Employee Acknowledgement - Please Sign Below

Employee's Signature

Employee's Name (printed)

Employee ID/Badge #

Date

***G.A. West Telecommunication - as a condition of employment at
G.A. west you agree to the following statement:***

"I agree to receive automated text messages and other related forms of communication from G.A. West & Company and any of its internal or adopted systems. I understand that per my rights under the Telephone Consumer Protection Act (TCPA) I can opt out of these communications at any time."