

BENEFITS WAIVER  
FORTUNE BRANDS/ADECCO CONTRACT

I, \_\_\_\_\_, understand and acknowledge under penalty of perjury that I am an employee of Adecco Staffing Services, Inc. and that I am not an employee of Fortune Brands, Inc. ("Fortune") or any affiliate of Fortune and that, pursuant to Fortune's benefit plans and policies, I am not eligible for or entitled to any benefits that Fortune provides to individuals that it classifies as its common law employees, including but not limited to: pension and other retirement plans, 401(K) savings plan, profit-sharing, deferred compensation, incentive and severance pay plans, health insurance, life insurance, vacation, leave of absence, short-term and long-term disability plans. If any party (including, but not limited to, any federal, state or local court of the Internal Revenue Service, Department of Labor or any other governmental agency or entity) determines that I am an employee of Fortune and entitled to benefits under any plan with respect to services performed pursuant to an assignment to any Fortune location, I waive any and all rights to benefits under such plan.

\_\_\_\_\_  
Associate: Print Name

\_\_\_\_\_  
Associate Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Witness: Adecco Signature

\_\_\_\_\_  
Date



## **CONSUMER DISCLOSURE**

Please be advised Adecco and/or its clients may obtain a Consumer Report and/or Investigative Consumer Report (collectively, "Report") from a consumer reporting agency pursuant to the Fair Credit Reporting Act as amended by the Consumer Reporting Reform Act of 1996. The Report is being obtained for the purpose of evaluating you for employment, promotion, reassignment or retention as an employee.

This Report may contain information bearing on your credit worthiness, credit standing, credit capacity, character, criminal background, general reputation, personal characteristics, or mode of living from record sources and/or through personal interviews with your neighbors, friends or associates. You may also have a right to request additional disclosures regarding the nature and scope of the investigation. This information may also be shared with Adecco's clients in evaluating your eligibility for an assignment with such client.

## BACKGROUND AUTHORIZATION AND RELEASE

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I understand that Adecco is in the business of placing qualified temporary employees ("Employees") on temporary assignments with its clients ("Clients"). I understand that Adecco and/or its Client may require Employees to undergo one or more background investigation as described below in order to be considered for an assignment.

### Background Investigations

I understand and agree that during the application process and, if employed, at any time during my employment with Adecco, Adecco and/or its Client may require that I undergo one or more background investigations including my driving record, credit history, criminal records, civil matters, previous employment, education verification as well as other past experiences through various sources such as federal, state and other agencies (including public and private sources) which maintain records concerning my past activities. I hereby voluntarily authorize and consent to such background investigations. I further authorize the release of background screening results without restriction, to Adecco, its Client(s), any consumer reporting agency and their respective officers, agents or employees.

I further understand and agree that Adecco may, to the extent permitted by law, furnish Adecco clients with information obtained from federal agencies regarding my authorization to work in the United States.

In consideration for my employment and/or my continued employment, I hereby release Adecco, its Clients, the consumer reporting agency and their respective parents, subsidiaries, and affiliated companies, and their officers, employees, agents, shareholders and representatives from any and all liability and responsibility arising out of or relating to the performance of any background investigation and/or any employment-related decisions made by Adecco or its Clients based on any information obtained from a background investigation.

I acknowledge receipt of a *Stand Alone* Consumer Notification which indicates that a background investigation report will be requested and used for the purpose of evaluating me for employment, promotion, reassignment or retention as an employee.

In the event the information obtained from a background investigation, or otherwise, reveals any false information, omissions or misrepresentations that I provided on my application, I understand that I will be ineligible for employment with Adecco or, if I am employed by Adecco, subject to immediate dismissal. Further, I acknowledge that I must promptly inform Adecco in the event that I am convicted of any crime other than a minor traffic violation.

I hereby authorize Adecco to transmit, electronically or otherwise any information necessary to perform background screening including all or part of my social security number where permitted by law.

I have read and understand the above. I acknowledge that a fax or copy of this authorization and release shall be as valid as the original. This release is valid for all private persons and entities, and federal, state, county and local agencies and authorities.

Date: 03/12/2017

Signature: SHAHID MUMIN (e-sign I agree)

Print Name: SHAHID MUMIN

**CA, MN & Oklahoma Residents please note:** In connection with your application for employment, your consumer report may be obtained and reviewed. Under California, Minnesota and Oklahoma law, you have a right to receive a free copy of your consumer report by checking the appropriate box below.

- ☐ YES, I am a California resident and would like a free copy of my investigative consumer report.  
☐ YES, I am a Minnesota resident and would like a free copy of my consumer report.  
☐ YES, I am an Oklahoma resident and would like a free copy of my consumer report.

**CA Residents please note:** In connection with your application for employment, your credit report may be obtained and reviewed. Under California law, if your credit report is ordered, you have a right to receive a free copy of your credit report by checking the appropriate box below. (Your credit report will be mailed to you either by the relevant credit bureau or the consumer reporting agency above.) Please note that if you elect to receive the entire investigative consumer report, this will include your credit report, if one was ordered.

- ☐ YES, I am a California resident and would like a free copy of my credit report.

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

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

As part of the employment process Adecco will obtain an investigative consumer report. The investigative consumer report may include information regarding your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living. A Consumer Reporting Agency will prepare the report.

**California Notice:**

You have the right under Section 1786.22 of the California Civil Code to contact the Consumer Reporting Agency during normal business hours to obtain your file (records maintained by the Consumer Reporting Agency) for your review. You may obtain such information as follows:

1. In person at the Agency's office provided by your Adecco representative. You will need to furnish proper identification prior to receiving your file. You may have someone accompany you and should inform such person that they will also have to present reasonable identification. If you want the Agency to disclose to or discuss your information with this third party, you may be required to provide a written statement granting the Agency permission to do so.
2. By certified mail, if you make a written request (and provide proper identification) to have your file sent to a specified addressee.
3. By telephone, if you have previously made a written request and provided proper identification.

The Agency has trained personnel to explain any information that is furnished to you and to explain any information that is coded.

My signature below acknowledges my receipt of the above California notice.

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

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

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

**New York Notice:**

You have a right to receive a copy of Article 23-A of the New York State Correction Law. A copy is posted in the office location. Additional copies may be obtained from your Adecco Representative.

**Office Instructions:**

If the employee has requested a copy of their report or a review of their file by checking one of the above options the office must provide the employee with a copy of the Background Investigation. The copy must be mailed to the employee within 3 days of receipt of the report by the office.

## Mandatory Contact Notice

- 1) Provided that I am qualified, I am making myself available for work within the below general descriptions. Check and initial all that apply:

- |  |                           |
|--|---------------------------|
| a) <input checked="" type="checkbox"/> Clerical/Office       | Please Initial: <u>SM</u> |
| b) <input checked="" type="checkbox"/> Light Industrial      | Please Initial: <u>SM</u> |
| c) <input type="checkbox"/> Technical                        | Please Initial: _____     |
| d) <input checked="" type="checkbox"/> Other <u>ASSEMBLE</u> | Please Initial: <u>SM</u> |

Maximum Miles Willing to Commute: 20 Please Initial: SM

- 2) I **understand and agree** that, upon conclusion of each assignment, I must immediately contact by telephone the Adecco representative listed below between the hours of 9AM and 5PM. I understand that such notification is for the purpose of determining eligibility and availability of additional work assignments as well as other administrative purposes. If the representative below is not available, I will ask to speak with a Staffing Consultant or the Branch Manager. I accept that:

- a) My failure to contact Adecco by phone within two business days\* of completion of assignment may lead to the denial and/or interruption of unemployment benefits.
- b) If a suitable assignment is available with Adecco upon conclusion of my assignment and I fail to inquire about another assignment before filing for unemployment benefits, it may lead to an interruption and/or denial of unemployment benefits.
- c) If a suitable assignment is available with Adecco upon conclusion of my assignment and I refuse an offer of suitable work, it may lead to an interruption and/or denial of unemployment benefits.
- d) I will contact Adecco at least once per week when I am not on assignment with Adecco to verify my availability to work.

- 3) I also **understand and agree** that I am required to contact any Adecco representative at the telephone number listed below:

- a) When my address, email, or phone number changes.
- b) If I experience any type of harassment or unlawful discrimination.
- c) If I am not being provided a meal or rest break to which I am entitled.
- d) If I have a complaint or dispute about my wages earned.
- e) If I am injured while on assignment.

If you have any questions please contact Adecco or consult your Employee Handbook.

### Adecco Representative Contact Information:

Colleague Name Jonda Pacillas

Office # 1316 Commerce Dr Ste A New Bern, NC 285622289

Office Phone # 2526342800

I certify that I have read, fully understand, and accept all terms of the foregoing agreement:

Employee Name SHAHID MUMIN

Employee Signature SHAHID MUMIN (e-sign I agree)

Date 03/12/2017

\* Exceptions to the two business day notification period are listed below:

- Michigan – Associates must contact Adecco within seven working days of completion of the temporary assignment.

## Commitment Sheet

- a) **I have received and commit to reading a copy of the Adecco Employee Handbook and Employee Benefits Flyer (the Employee Benefits Flyer may be contained within the Employee Handbook). I understand this Handbook and Flyer may be modified from time to time without notice.**
- b) I will abide by the policies and procedures contained in the Adecco Employee Handbook. These include, but are not limited to Anti-Harassment Policy, Substance Abuse and Drug Free Workplace, Privacy Policy, Anti-violence Policy, and the Electronic Communications Policy. Failure to comply with these and other company policies and procedures may result in disciplinary action up to and including termination.
- c) **As an employer, Adecco is committed to strict compliance with all legal requirements regarding meal and rest breaks. No employee, supervisor or management representative of Adecco, or an Adecco Client may violate these rules. It is a condition of your employment and continued employment that you agree to abide fully with the laws and these rules. This means that you must take legally required meal and rest periods. Failure to do so may result in disciplinary action, including the possibility of termination. If you are unsure of the meal and rest break rules that apply to you, please ask your Adecco representative or contact our Rochester Shared Services Center at 1-866-528-0707. Please Initial: SM**
- d) I acknowledge that job assignments may be sporadic, intermittent, unpredictable, and irregular. As a result, gaps may occur between assignments. You will not earn wages except when you perform actual work on assignments or perform other compensable activities. You may, on a purely voluntary basis and when the opportunity arises, interview on an unpaid basis with one or more of our clients for prospective assignments or take advantage, on an unpaid basis, of our training resources between assignments.
- e) I have viewed the Workplace Harassment video. I agree to follow the rules/guidelines and policies in the video. Please Initial: SM
- f) I acknowledge and agree that I am an employee of Adecco and not an employee of any Client of Adecco and will be paid directly by Adecco. As such, I acknowledge that I will not be entitled to any benefits or compensation from any Client benefit plan, policy, or program.
- g) During or after my employment with Adecco or any Client, I will not make any false or defamatory statements about Adecco or its Clients.
- h) Once an assignment is ended, I will contact the Adecco office I applied at regarding the reasons for the assignment's completion.

### Timecard and Payment Procedures

- a) I will abide by the timecard and payment procedures outlined in the Adecco Employee handbook and as described by my Adecco Representative.
- b) I will provide a copy of my timecard to my Adecco Representative when requested to do so. I understand that my assignment in these cases is contingent upon providing this timecard copy if requested to do so.
- c) I will be terminated from Adecco if I engage in any of the following: signing in or out for another employee, submitting time either by ATS or Web Individual Timecard for another person, altering or tampering with my timecard and/or submitting time that I did not work. Additionally, I understand that Adecco reserves the right to seek prosecution for any occurrence of time card fraud to the fullest extent of the law.
- d) My rate of pay may differ from the pay received by others who are performing a similar service for a client, regardless of whether they are employees of the Client or of Adecco or other agencies.
- e) In the event my earnings include tips and/or services fees from someone other than Adecco, I will report these earnings to Adecco.

**I certify that I have read, fully understand, and accept all terms of the foregoing agreement:**

**Employee Name** SHAHID MUMIN

**Employee Signature** SHAHID MUMIN (e-sign I agree)

**Date** 03/12/2017



# New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 1-31-2017)

## PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in November 2014 for coverage starting as early as January 1, 2015.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact the Adecco Group Benefits Department at 800-793-7657 or email [benefits@adeccona.com](mailto:benefits@adeccona.com).

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

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<sup>1</sup> An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

### PAY TRANSPARENCY POLICY STATEMENT

The contractor will not discharge or in any other manner discriminate against employees or applicants because they have inquired about, discussed, or disclosed their own pay or the pay of another employee or applicant. However, employees who have access to the compensation information of other employees or applicants as a part of their essential job functions cannot disclose the pay of other employees or applicants to individuals who do not otherwise have access to compensation information, unless the disclosure is (a) in response to a formal complaint or charge, (b) in furtherance of an investigation, proceeding, hearing, or action, including an investigation conducted by the employer, or (c) consistent with the contractor's legal duty to furnish information.



Congratulations, you have met the prerequisite placement requirements for your assignment at Moen .

Next, you will be presented with required paperwork by Moen .  
At the end of your forms session you will be provided a link to print each signature page. Then you will need to sign each signature page, and return those pages back to JONDA PACILLAS by any method below that is checked off:

☐ **Fax:**

Attention to: JONDA PACILLAS

Fax #: \_\_\_\_\_

OR

☐ **Mail:**

Attention to: JONDA PACILLAS

Mailing Address: **Adecco**

\_\_\_\_\_  
\_\_\_\_\_

**Attention:** JONDA PACILLAS

OR

☒ **Email:** jonda.pacillas@addecona.com

Please contact me at: 252-634-2800 if you have any questions  
or if you do not have access to a printer to be able to print the forms.

Sincerely,

JONDA PACILLAS

# **EEO Survey**

## **For Adecco Associates Placed on an Assignment at Fortune Brands**

(For Adecco Internal Use Only)

Adecco is an equal opportunity/affirmative action employer and seeks to ensure that all employment decisions are made without regard to race, color, religion, creed, sex, national origin, disability, age, marital status, sexual orientation, status as a Vietnam Era, special disabled, or other covered veteran, or based on an individual's status in any group or class protected by applicable federal, state, or local law. In this regard, we are required to gather and maintain certain information on individuals who apply for positions or are employed by us. In this regard, we are required to gather and maintain certain information on individuals who are placed on a temporary assignment at Fortune Brands through us. To assist us in maintaining accurate records and in complying with federal government reporting requirements, we ask that you complete the information below. Information provided for this survey is considered confidential and will be used only for data reporting. Submission of the information is voluntary. If you choose not to provide it, it will not result in any adverse employment decision. Thank you for your cooperation.

**Please check the categories, which apply to you:**

**Gender:**

☒ Male ☐ Female

**Race/Ethnic Group**

- ☐ Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- ☐ White (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- ☒ Black or African American (Not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.
- ☐ Native Hawaiian or Other Pacific Island (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- ☐ Asian (Not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- ☐ American Indian or Alaskan Native (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central American), and who maintain tribal affiliation or community attachment.
- ☐ Two or More Races

☒ I have read and understand the above and choose not to respond at this time.

**SHAHID MUMIN**

Name (Print)

Signature

Date

# Candidate Placement Report

## For Adecco Associates Placed on an Assignment at Fortune Brands

(For Adecco and Fortune Brands Internal Use Only)

Candidates Placed on an Assignment																	
Total	Male	Female		Male							Female						
				H	W	B	N	A	AI	TM	H	W	B	N	A	AI	TM

**Hispanic or Latino (H)** — A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

**White (W)** — (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

**Black or African American (Not Hispanic or Latino) (B)** — A person having origins in any of the black racial groups of Africa.

**Native Hawaiian or Other Pacific Island (Not Hispanic or Latino) (N)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

**Asian (Not Hispanic or Latino) (A)** — A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

**American Indian or Alaskan Native (Not Hispanic or Latino) (AI)** — A person having origins in any of the original peoples of North and South America (including Central American), and who maintain tribal affiliation or community attachment.

**Two or More Races**