

Hiring/Payroll Forms - Submitted to Payroll Dept

Date - _____

Merchandising Rep - _____

Supervisor - _____

Jeffery's Website (Username) - _____

(Password) - _____

***Jeffery's Website:**

Username – *reps first name + initial of last name*

Password – *must be 8 characters (include numbers + letters/do not use name)*

FORMS	SENT 
Seasonal In-Store/Service Rep Work Agreement Contract	
Job Description	
Employee Information Record + Tax Forms	
Seasonal In-Store Service Handbook (Company Policies)	
Orientation Checklist	
Job Specific Hazard Training - Safety Tips	
Safe Handling Procedures for Racks - record of training (test)	
Hazard Assessment for Merchandising Reps	
Worker Health & Safety Awareness in 4 Steps - On line training	
Accessibility Standard for Customer Service - Quiz	
Travel b/w Stores - Drivers Licence/Insurance/Vehicle Authorization Application	

All forms above must be submitted to Kim Edmands via fax (1-866-706-6881) prior to reps start date.