

Acknowledgement of BrandSafway Policies

| | | | |
|----------------|------------|-------|------------------------|
| Last Name | First Name | | Social Security Number |
| Street Address | City | State | Zip Code |

I _____ (insert full name), acknowledge that I have received the policies, which describes important information about BrandSafway, and understand that I should consult the Human Resource Department if I have questions. I understand that neither these policies nor any other practice or procedure is intended to provide any contractual obligations related to continued employment, compensation, or employment contract. Since the policies described here are necessarily subject to change, I acknowledge that revisions to these policies may occur, except to BrandSafway's policy of employment-at-will. I understand that BrandSafway may change, modify, suspend, interpret, or cancel, in whole or part, any of the published or unpublished personnel policies or practices, with or without notice, at its sole discretion, without giving cause or justification to any employee. Such revised information may supersede, modify, or eliminate existing policies. BrandSafway shall have sole authority to add, delete or adopt revisions to these policies. Any written or oral statement by a supervisor or manager contrary to these policies is invalid and should not be relied upon by any employee.

I acknowledge that employment at the Company is at will and the relationship may be terminated by the Company or by me at any time, with or without cause and with or without notice. I understand and agree that I have read and comply with the policies listed below and any revisions, am bound by the provisions contained therein, and that my continued employment is contingent on following BrandSafway's policies.

Policies (Please initial below next to each policy):

| | | | |
|-----------------|---|-----------------|--|
| _____ (initial) | Attire and Grooming | _____ (initial) | Employee Safety Pledge and Life Saving Rules |
| _____ (initial) | Background Check Additional Disclosures | _____ (initial) | New Health Insurance Marketplace Coverage |
| _____ (initial) | Code of Conduct | _____ (initial) | Safety Rules for Heavy Duty Work |
| _____ (initial) | Communications and Social Media | _____ (initial) | Site Do's and Don'ts |
| _____ (initial) | Conduct and Work Rules | _____ (initial) | Solicitation and Distribution |
| _____ (initial) | Dispute Resolution Program | _____ (initial) | U.S. Employment Verification and Reference Check |
| _____ (initial) | Drug & Alcohol | _____ (initial) | Worker's Compensation Fraud Notification |
| _____ (initial) | Electronic Media Use | | |

For updated policies, procedures and general information please follow the URL or QR code. The URL is as follows:
<https://bit.ly/3tHNhXs>

By signing below, I certify that I have read the above information, received a copy of the documents, and I agree to the conditions of hiring.

_____
Signature_____
Date