



AMERICAN WORKFORCE GROUP, INC.

EMPLOYEE NAME:

COMPANY:

DATE	START TIME	LUNCH OUT	LUNCH IN	END TIME	TOTAL
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WEEKLY TOTAL:

I VERIFY I HAVE RECEIVED THE FOLLOWING:

☐ SAFETY ORIENTATION/TOUR ☐ JOB SPECIFIC TRAINING ☐ PPE TRAINING

EMPLOYEE SIGNATURE:

DATE:

SUPERVISOR SIGNATURE:

DATE:

EMAIL: COWLITZJOBS@AMERICANWORKFORCEGROUP.COM
DROP OFF: 1104 14TH AVE, LONGVIEW, WA 98632
TEXT: 360.200.4900
FAX: 360.846.1894