



Application form

Version 04

APPLICATION FORM

/= Cross out whichever is inapplicable

Surname : _____

Initials : _____ First name : _____

Address : _____

ZIP code : _____ City : _____

Phone 1 : _____ Phone 2 : _____

Date of birth : _____ Place of birth : _____

Nationality : _____

SSN : _____ Available from: _____

Civil state : married / unmarried / divorced

Email address : _____

EBB Safety Pass no.: _____ (PSL)

Driver's license : Yes No Transportation : Yes No

Willing to travel : Yes No

ID-number: _____ Valid until: _____

IBAN.NR. _____ :

Health insurance: _____ No. : _____

How did you find the Ortgiess Group?

Professions (maximum of 3 or 4)

<input type="checkbox"/> 1st Pipefitter	<input type="checkbox"/> Duplex	<input type="checkbox"/> Electrician
<input type="checkbox"/> 2nd Pipefitter	<input type="checkbox"/> Pipe welder	<input type="checkbox"/> Utility Mechanic
<input type="checkbox"/> Flange Fitter	<input type="checkbox"/> Mig / Mag	<input type="checkbox"/> Instrumentation Fitter
<input type="checkbox"/> Construction Machinist	<input type="checkbox"/> Tig	<input type="checkbox"/> Foreman
<input type="checkbox"/> Assembly	<input type="checkbox"/> Combi	<input type="checkbox"/> Lead Contractor
<input type="checkbox"/> Steelworker	<input type="checkbox"/> Electric	<input type="checkbox"/> Planner
<input type="checkbox"/> Construction Welder	<input type="checkbox"/> 6GR	<input type="checkbox"/> Supervisor

Training after basic education	Dipl.	Other training	Dipl.
<input type="checkbox"/> LTS metal + welding	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> MBO	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> LTS electro engineering	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> VCA Basic	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> LTS	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> VCA Full	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Apprenticeship Metal	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Flange mechanic	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Apprenticeship electro	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> First Aid	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> MBO Metal	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Forklift certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> MBO Electro	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pneumatics	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Nen 3140	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> WFPR	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Atex	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Torque & Tensioning	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Nogepe 5.0 (offshore cert.)	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Owner: Ortgiess Group

Approved:

January 2015

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Mastery Welding Processes	Diploma	Certificates obtained
<input type="checkbox"/> Electrical	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> valid <input type="checkbox"/> invalid
<input type="checkbox"/> Oxy-fuel	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> valid <input type="checkbox"/> invalid
<input type="checkbox"/> CO2 / MigMag	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> valid <input type="checkbox"/> invalid
<input type="checkbox"/> Tig / Argon-Arc	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> valid <input type="checkbox"/> invalid
<input type="checkbox"/> OP	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> valid <input type="checkbox"/> invalid
<input type="checkbox"/> Gouging	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> valid <input type="checkbox"/> invalid

Mastery Welding Processes	Mastery of independently reading plans
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Good <input type="checkbox"/> Reasonable <input type="checkbox"/> Not Possible remarks

Mastery Welding Proc.	Mastery reading plans	Mastery Electronics
<input type="checkbox"/> Housing <input type="checkbox"/> Industry <input type="checkbox"/> Shipbuilding <input type="checkbox"/> Utility <input type="checkbox"/> Renovation <input type="checkbox"/> Offshore	<input type="checkbox"/> Good <input type="checkbox"/> Reasonable <input type="checkbox"/> Not Possible remarks	<input type="checkbox"/> Measuring and control <input type="checkbox"/> PLC's <input type="checkbox"/> Industry <input type="checkbox"/> Shipbuilding <input type="checkbox"/> Offshore

EMPLOYMENT Company (last 3 months)	Steady Job	Via employment agency or subcontractor
.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
.....	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Safety and Health:

Do you have any restrictions and / or medical indications related to certain tasks?
 No Yes, namely

Have you undergone any relevant medical examinations related to specific tasks?
 No Yes, namely

References Company :	Contact :	Function :	Phone :

Income :	
Current gross/net income : € per week/ 4 weeks/ month	
Desired gross/net income € per week/ 4 weeks/ month	

Remarks :

The undersigned herewith declares to have filled in this form truthfully:

Date:.....-.....-20.... Location:.....

Name:.....

Signature:.....

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CHECKLIST NEW AND STEADY STAFF AND TEMPORARY WORKERS

Name:

Date of employment:

Checklist	By who :	Approved
Contract / Salary Confirmation	<input type="checkbox"/> Marcel / <input type="checkbox"/> Louis / <input type="checkbox"/> Arnold	<input type="checkbox"/> YES
Payroll Tax Statement	<input type="checkbox"/> Marcel / <input type="checkbox"/> Louis / <input type="checkbox"/> Arnold	<input type="checkbox"/> YES
Administration Form	<input type="checkbox"/> Marcel / <input type="checkbox"/> Louis / <input type="checkbox"/> Arnold	<input type="checkbox"/> YES
Copy Passport	<input type="checkbox"/> Marcel / <input type="checkbox"/> Louis / <input type="checkbox"/> Arnold	<input type="checkbox"/> YES
Copy Driver's License	<input type="checkbox"/> Marcel / <input type="checkbox"/> Louis / <input type="checkbox"/> Arnold	<input type="checkbox"/> YES
Code of Conduct	<input type="checkbox"/> Marcel / <input type="checkbox"/> Louis / <input type="checkbox"/> Arnold	<input type="checkbox"/> YES
Explanation Induction Program	<input type="checkbox"/> Marcel / <input type="checkbox"/> Louis / <input type="checkbox"/> Arnold	<input type="checkbox"/> YES
Work Agreement	<input type="checkbox"/> Marcel / <input type="checkbox"/> Louis / <input type="checkbox"/> Arnold	<input type="checkbox"/> YES
Labour Hours list	<input type="checkbox"/> Marcel / <input type="checkbox"/> Louis / <input type="checkbox"/> Arnold	<input type="checkbox"/> YES
KM-Lists	<input type="checkbox"/> Marcel / <input type="checkbox"/> Louis / <input type="checkbox"/> Arnold	<input type="checkbox"/> YES

Briefing, training and communication regarding SCC by consultant **Approved**

Reporting unsafe situations and actions	<input type="checkbox"/> YES
How to deal with serious injury	<input type="checkbox"/> YES
Possible PMO by hiring or Ortgiess B.V.	<input type="checkbox"/> YES
Hoe to deal with complaints	<input type="checkbox"/> YES
What to do in case of illness	<input type="checkbox"/> YES
Distributing and explaining H&S instructive	<input type="checkbox"/> YES
Sector-specific safety training / instruction WI01 / WI02	<input type="checkbox"/> YES
Risk profile function with possible occurring risks with customers	<input type="checkbox"/> YES
<input type="checkbox"/> Helmet <input type="checkbox"/> Safety goggles <input type="checkbox"/> Safety shoes <input type="checkbox"/> Overall	

APPROVAL ORTGIESS B.V.

APPROVAL EMPLOYEE

Owner: Ortgiess Group

Approved:

January 2015

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SICK LEAVE REGULATIONS of The Ortgiess Group

The Ortgiess Group (onshore and offshore) is from 1-1-2015 on, self-insurer for The Sickness Benefits Act. **FlexCom4** bears, as commissioned by **the Ortgiess Group**, the implementation of all legal obligations arising from being self-insured for The Sickness Benefits Act. **The Ortgiess Group** has appointed **FlexCom4** to care for, inter alia, the default administration, claim assessment SBA, reintegration into work and determination of the daily wage. The Data Protection Act is respected at all times. **FlexCom4** is assisted in sick leave counselling by an occupational health service.

Calling in sick

If you are ill, you are obliged personally, before starting work, but no later than 9:00 am on the day of being ill, call in sick at the company where the work would be carried out and with the Ortgiess Group. If you become ill while working and cannot continue your work, you will notify the Ortgiess Group and the direct manager of the company where the work is performed.

Only in case of special circumstances may someone else, on your behalf, call in sick in accordance with the above manner to the agency and the company where you work. After you have reported sick at the Ortgiess Group, the Ortgiess Group will pass this information on to Flexcom4, where action will be undertaken as soon as possible.

Staying at home / Accessibility

One of the employees of FlexCom4 will get in touch with you by phone within 24 hours after your sick leave. In addition, you should take into account that an audit may take place in the form of a house visit. Also, you can expect a call for a consultation with the company doctor, during the period that you are ill.

You are required to stay at home and make contact available until the 1st contact and / or visit took place. After 1st contact you are required to remain at home until 10: 00hrs in the morning and between 12: 00hrs and 14: 30 hours in the afternoon during the first 2 weeks of illness. You should always be accessible for the case manager of FlexCom4.

If you get a new phone number during your period of sick leave, you are obliged to pass the new number on to the case manager of FlexCom4.

If you are staying at a different address, you must report this immediately by telephone to the case manager of FlexCom4. If and when you are not available contrary to the above provisions, this may have consequences for the law and / or height of your sickness benefit.

Company doctor

You are required to respond to a call from the company doctor to appear on consultation hours. If you are absolutely unable to do so, or are already back at work, please indicate this at least 24 hours prior to the appointment by the case manager of FlexCom4.

A deal is a deal

The Ortgiess Group and FlexCom4 expect you to adhere to the agreements such as those have been made by her and FlexCom4 with you regarding absenteeism and sick leave.

Staying abroad

If you become ill during your holiday abroad, the same rules for calling in sick apply as they would in the Netherlands. You need to call in sick at the Ortgiess Group in accordance with the above procedure of reporting sick.

Upon returning home you should immediately call the case manager of FlexCom4. If you want to travel abroad during illness, you need to notify the case manager of FlexCom4 at least two weeks in advance. FlexCom4 will point out that even during a stay abroad, all obligations arising from the SBA must be met. Departure abroad should never be a barrier to recovery and / or reintegration.



(Partial) Recovery

It is possible to partially resume work or carry out other replacement work. If, due to these activities, you still have a partial right to your sickness benefit you must adhere to the rules of the absenteeism procedure.

Once you are fully recovered, you need immediately, but no later than the second day of recovery, report to FlexCom4 (see number below) and the Ortgiess Group.

Sickness benefit

There are two waiting days over which no benefit is paid. Waiting days are not an issue when you become unable to work again within a period of four weeks, the waiting days have already been taken into account during the first sick leave. No later than four weeks after receiving your sick leave will FlexCom4 transfer the sickness benefit to you on a weekly basis. The amount of your sickness benefit is based on your daily wage. The daily wage is calculated according to the daily wage decree of employee insurances. Your salary data are obtained from the policy administration of the UWV. Any changes that may have consequences for your sickness, you should immediately be reported to the case manager of FlexCom4.

Activities aimed at returning to work

If you are ill, you should make every effort to get healthy so you can quickly resume your work. Your other activities should not hinder your healing. You should also make sufficient efforts, such as sending applications to obtain (suitable) work.

Privacy

All steps necessary are taken to ensure that private information is treated carefully. The working conditions service will not provide medical information without prior having discussed this with you.

FlexCom4

The case managers of FlexCom4 can be reached at: **024-3741666**

Human Capital Care

For many years now the HumanCapitalCare has been the contact point in case of illness, in some situations (e.g. if you're already sick) this remains the same. Meaning that HumanCapitalCare will continue to contact / keep contacting you in such cases.

Decree of Measures

Failure to comply with the rules in the absenteeism procedure may affect the amount of your sickness benefit. These penalties are listed in the Decree of Measures. You will receive, in this case a decree made by Institute for Employee Insurance (UWV). You can appeal this decision. The appeals procedure is mentioned in the decree itself.

Approved by, dated.....

Name:

Signature:

Approved



Agreement Training / Training Costs

Signatories:

1. the private company with limited liability **H. Ortgiess Technisch- Uitzendburo B.V.**, registered and offices at 2984 BA Ridderkerk, at the Keurmeesterstraat 27, legally represented by Mr. H.G. Ortgiess, hereinafter referred to as **'employer'**

and

2., born in
..... hereinafter referred to as **'employee'**

Taking into account that:

- employer and employee have entered into a temporary employment / secondment agreement;
- employee is required to perform work under said temporary employment / secondment agreement;
- employee will help pay half the costs incurred for training / courses and other necessary expenses necessary to perform the work;
- parties may need to make further arrangements;

have agreed as follows:

Article - 1

1. The costs incurred that will be made for the benefit of the employee will be indicated in advance by the employer to the employee so that he is aware of the costs to be paid. Employer will pay said costs to the training / inspection authority. The employee will repay half these costs to the employer in the manner described in paragraph 2 of this Agreement.
2. The employee hereby declares that he agrees to reimburse the costs as specified in paragraph 1 above. Furthermore, the employee hereby declares to agree to a weekly deduction of these costs on his net salary.
3. Should the employee unexpectedly quit with the employer while he has not yet repaid the amount to be settled, the employee agrees that the amount to be settled will be offset against the credit to wages and reservations until the amount has been met.

Drawn up in duplicate and signed in Ridderkerk on

Employer

Employee



USE OF THE COMPANY CAR

It is possible to use a company car, meaning that should you not have your own transport we can make a company car available for your use, we can provide you with a company car at minimum cost. You will always drive a nice car no older than 4 years against a personal contribution of € 50,- per week.

Obviously your fuel will be reimbursed for the use of commutation travel, you will not have any further expenses such as: insurance / road tax / maintenance etc.
This contribution will be deducted from your weekly net pay and is shown on your payslip.

Met vriendelijke groet

De Ortgiess Group

H.G. (Henk) Ortgiess

Naam :

Voor gezien en voor Akkoord