

Conditions of Employment

The following conditions of employment exist between the Company and Employee listed below.

Company Name:	Client ID:	Unit number:
Employee Name:	Hire Date:	

1. Employee acknowledges and understands that the Company listed above will be responsible for payroll, withholding, and timely payment of all applicable employer and employee statutory employment taxes and insurance. These include social security, state unemployment, disability (where applicable) and worker's compensation.
2. It is understood that employment is at the mutual consent of the employee and the employer. Consequently, both employee and/or employer may terminate this employment relationship at any time, with or without cause or notice. Employment is expressly at-will.
3. The company listed above agrees to enter an employer relationship with the employee as outlined in the Employee Handbook.

Status: **Regular** **Temporary** **Seasonal** (check one)

Full-Time **Part-Time** (check one)

Pay Cycle: **Weekly** **Biweekly** **Semimonthly** **Monthly** (check one)

Employee Job Title:	
Compensation: _____	<input type="checkbox"/> Hourly Additional Compensation: _____ <input type="checkbox"/> Annual Salary

Attach amendment or additions that have been fully executed by both parties to this sheet.

This agreement embodies the entire employment agreement and understanding between the company listed above as the employer, and the employee, and there are no representations, warranties, terms, covenants, or conditions made by either party except as herein expressly contained.

X _____
 Employee Signature

 Management Signature

 Title