

Saunders Staffing, Inc.

When and if I become available for full time employment, my supervisor is to be notified at the appropriate office. I understand that I am to contact my coordinator at the appropriate office which assigned me immediately after finishing my assignment. IF I FAIL TO DO SO, SAUNDERS STAFFING, INC. WILL ASSUME THAT I AM TERMINATING MY AGREEMENT WITH THEM AND MY FAILURE TO CONTACT SAUNDERS STAFFING, INC. WILL BE CONSIDERED A "VOLUNTARY QUIT."

I authorize Saunders Staffing, Inc. to conduct a background inquiry to verify information on this application and any company form completed by me. I authorize all previous employers or other persons who have knowledge of me or my records to release such information to Saunders Staffing, Inc. or their agents.

I authorize Saunders Staffing, Inc. to conduct consumer credit report inquires as a result of my employment or at any time during my employment with Saunders Staffing, Inc. I hereby release those companies and persons and Saunders Staffing, Inc. from all claims or liabilities whatever that may arise by such disclosures or investigations.

I understand that according to the requirements and the nature of my placements and workers' compensation laws, I may be requested to take a DRUG SCREENING by urine sample or by oral screening either before being sent on an assignment or after a work-related accident. In order to continue to be on an assignment, I will be required to take a DRUG SCREENING after a work related accident. I authorize the results of this screening to be released to Saunders Staffing, Inc., it's clients and it's workers' compensation carrier and waive any claims against them as a result of such release.

The arrangement between Saunders Staffing, Inc. and each of our employees is EMPLOYMENT-AT-WILL. Each employee is free to end his/her employment with Saunders Staffing, Inc. at any time for any reason. Saunders Staffing, Inc. at it's sole discretion, may terminate an employee's employment at any time for any reason without prior notice or warning.

I CERTIFY THAT ALL THE INFORMATION ON THIS FORM IS TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT ANY FALSIFICATION OR OMISSION OF INFORMATION MY CAUSE ME TO BE SUBJECT TO DISCHARGE.

SIGNATURE OF APPLICANT

DATE

