

EMPLOYEE ACKNOWLEDGMENTS

A. REPRESENTATIONS I certify that answers herein are true and complete to the best of my knowledge. I authorize investigation of all statements contains here and in the Application for Leased Employees with Infiniti Resource Management, LLC (IRM) as may be necessary in arriving at a final employment decision. I understand that the Application is not, and is not intended to be a Contract of Employment.

In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. Omitting material information may also be grounds for discharge. I understand that I am also required to abide by all Rules and Regulations of Infiniti Resource Management and the Company to which I am assigned. I acknowledge that I have read and had ample opportunity to understand the contents of the employee handbook.

Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without previous notice and that the first 90 days of employment is on a probationary basis.

B. IRM'S DRUG AND ALCOHOL POLICY I have been told and understand that my employer has a policy that employees under the influence of alcohol, illegal drugs or unprescribed chemical substances during working hours will be subject to disciplinary action which could include termination.

I agree that under appropriate circumstances, particularly if I am involved in an accident during working hours, I may be required and will submit to a test administered by a qualified authority that will determine if alcohol, illegal drugs or unprescribed chemical substances are present. I understand that positive results of this test can affect my eligibility for Worker' Compensation benefits.

I do hereby authorize my employer or representative of my employer to obtain medical reports, records, or tests, which indicate the presence of alcohol, illegal drugs, or unprescribed chemical substances in my body.

I acknowledge that if an injury caused by my refusal to use safety appliance or observe a safety rule required by FL statute 440.091, my compensation shall be reduced by twenty-five percent (25).

I agree that a Photostat of this authorization be accepted if necessary. This policy has been read to me and I fully understand it.

C. LEASED EMPLOYEE NOTICE I, the undersigned employee, acknowledge by my signature that I have been informed that I am a leased employee of IRM leased to _____ (CLIENT). I further understand that either IRM or I can terminate our employment relationship at any time, as I am an At-Will employee. I also acknowledge that while I am a leased employee of IRM if, IRM does not receive payment from the client for services which I perform as a leased-employee, IRM will pay me the applicable minimum wage (or the legally required overtime pay in a work week in which I have worked overtime) for any such pay period, and I agree to this method of compensation. I hereby authorize IRM to deduct from my final paycheck any monies owed by me to either IRM or _____ in the event of my separation of employment.

IRM does not cover any loss or damage to any employee's property, and all employees shall defend, indemnify, and hold IRM harmless for any and all fines, penalties and assessments including attorney fees, incurred by IRM as a result of any violations of and Federal, State, or Local Law, Regulation or Ordinance relating to health and safety with respect to premises owned or controlled by client and to which IRM employees are assigned.

As a leased employee, I have read or had explained to me that upon conclusion of each job assignment, regardless of the duration of the assignment that I must contact IRM for reassignment. Failure to contact IRM the next business day (Monday-Friday, 8:00a.m. - 5:00 p.m. EST) may result in a denial of unemployment benefits.

D. EQUAL OPPORTUNITY AND HARASSMENT I also acknowledge that if at any time during my employment (or during the application for employment process) I am subjected to any type of discrimination because of race, sex, age, religion, color, national origin, disability, marital status, or if I am subjected to any type of harassment, including sexual harassment, I agree to immediately contact Infiniti Resource Management, LLC, 10401 Highland Manor Dr., Ste. 220, Tampa, FL, 33610 or at (813) 664-1664 in order to obtain assistance in the resolution of such matters.

I acknowledge that I have read section A. Representations, B. IRM's Drug and Alcohol Policy, C. Leased Employee Notice, and D. Equal Opportunity and Harassment.

Signature _____ Date _____

EMPLOYER / CLIENT ONLY

Applicant interviewed/hired by: _____

Position (Job Function) _____

Hire Date _____ Workers' Comp Code _____

FULL OR PART TIME (part-time, 25 hours or less) _____

Salary Wage _____ Hourly Wage _____ Tip Adjustment _____ Y _____ N