

# TEMPORARY HANDBOOK

## ACKNOWLEDGMENT FORM

I acknowledge my receipt of Advantage Personnel's Temporary Employee Safety Book and Drug Policy. I understand that this handbook is intended to provide information regarding Advantage Personnel's employment practices, safety practices and drug policies. I also understand that this handbook and the practices and policies it contains are subject to change at any time, without prior notice, at Advantage Personnel's sole and absolute discretion. This handbook does not constitute a contract or obligation on the part of Advantage Personnel, and does not guarantee my employment for any specific duration.

I also acknowledge that the employment relationship between Advantage Personnel and me is employment at will so that both Advantage Personnel and I remain free to choose to end our work relationship at any time, for any reason, with or without prior notice.

**Additionally, I understand that Advantage Personnel is providing me with job placement assistance and because of their assistance I am unable to accept employment from any company in which Advantage Personnel was responsible for the initial introduction to include an interview and/or presentation of my resume. I understand that this agreement is binding for twelve months after Advantage Personnel's initial introduction as defined above.**

I have read and understand the above statements, and I understand that it is my responsibility to read and comply with the policies contained in this handbook and my revisions made to it.

\_\_\_\_\_  
**APPLICANT NAME (PRINT)**

\_\_\_\_\_  
**APPLICANT SIGNATURE**

I have reviewed and given a copy of the Temporary Employee Safety Handbook and Drug Policy to the above named temporary employee.

\_\_\_\_\_  
COUNSELOR

\_\_\_\_\_  
DATE