



Lending Hands Support Services

Employment Agreement

1. Lending Hands Support Services LLC
2. Company Policy
3. HIPAA Training
4. Danielle's Law
5. Komnino's Law
6. Confidentiality

IMPORTANT NOTICE

I hereby authorize each of my former employers and/or agencies given as reference, to respond truthfully to all inquiries made by Lending Hands and give all other pertinent information that may be sought by Lending Hands Support Services LLC.

I agree not to directly or indirectly accept or seek employment from any client of Lending Hands Support Services LLC that I have been assigned to, for a period of not less than three (3) months from the last date I was assigned to the client. This restriction shall remain in force up to three (3) months after the last date I was placed by Lending Hands Support Services LLC. If I violate this agreement, I agree to pay upon demand, to Lending Hands Support Services LLC, the sum of \$750.00 as liquidated damages.

The following "Employment at Will Statement" ensures that neither the employee nor the agency is bound by the contract for lifetime employment. As an employee you have the right to terminate your employment with Lending Hands Support Services LLC at any time and for any reason. Lending Hands Support Services reserves that same right. The "Employment at Will Statement" is not unique to Lending Hands Support Services LLC and does not represent a change from past policies and practices.

EMPLOYMENT AT WILL STATEMENT

I understand that my employment may be terminated with or without cause and with or without notice any time at the option of either the agency or myself. I further understand that no management representative has any authority to enter into any agreement of employment for any specific period of time or to make any agreement contrary to the foregoing.

I hereby authorize Lending Hands Support Services LLC to submit a request to the Attorney General of the United States to conduct a search of the records of the Criminal Justice Information Services Division of the Federal Bureau of Investigation for any criminal history records corresponding to the fingerprints or other identification information submitted by me. I further authorize the exchange of such information between the Attorney General of the United States, the State of New Jersey Department of Human Services and Lending Hands Support Services LLC. This information may be used only by Lending Hands Support Services and only for the purpose of determining my suitability for employment in a position involved in direct care.

I hereby release Lending Hands Supports Services LLC from any and all claims I may have for its decision not to employ me based upon the Criminal History Record Check results it obtains. I understand that I will not be eligible for unemployment insurance benefits if I am terminated for cause, including termination based upon conviction for a criminal act constituting a felony or any other regulatory disqualifying act.

I affirm and acknowledge that I was provided with an employment agreement

Employee name print

Employee signature