



Acceptance of American Medical Personnel Policy Handbook

We are excited that you have accepted American Medical Personnel's offer of employment with our Customers and look forward to offering you employment opportunities as soon they become available.

You are agreeing that you have read, understand and agree to abide by American Medical Personnel's policies, rules, regulations and procedures as outlined in the American Medical Personnel Employee Policy Handbook.

You understand and acknowledge that the Employee Policy Handbook is meant to serve as documentation of American Medical Personnel's rules and regulations only.

You understand and acknowledge that the Employee Policy Handbook is never to be construed as any type of contract or guarantee of employment, either expressed or implied, through American Medical Personnel for their customers.

No employment with American Medical Personnel is ever guaranteed and you acknowledge that you have the right, as does American Medical Personnel, to terminate your employment relationship at any time, for any reason, with or without cause.

By signing this form, you are agreeing to uphold your commitment and to keeping your word as outlined in the Employee Policy Handbook while working through American Medical Personnel for their customers.

Print your full name above

Sign your full name above

Date signed

AMP printed name

AMP signed name

Date signed