



Employment Standards

AGREEMENT OF EMPLOYMENT STANDARDS

I. AT WILL EMPLOYMENT: I understand and agree that my employment by *Onward Healthcare* will be “at will” and that *Onward Healthcare* and I may terminate this employment relationship at any time and for any reason.

II. COMPETITIVE EMPLOYMENT PROCESS: I understand and agree that any offer of employment I might receive is contingent upon my successful completion of *Onward Healthcare's* pre-employment screening, offer and post-offer and the availability of work. I understand and agree that *Onward Healthcare* retains sole discretion to offer employment to the applicant(s) that it believes is most qualified for the position and would best represent the business interests of *Onward Healthcare*. Additionally, *Onward Healthcare* only offers work assignments, as they are available. I understand and agree that *Onward Healthcare* retains sole discretion to offer assignments to the employee(s) that it believes is most qualified for available assignments and would best represent the business interests of *Onward Healthcare*.

III. DISCIPLINE AND COMPANY RULES: Violation of the following rules will be subject to warnings and/or termination of employment, depending on the severity of the violation and the other subjective factors, including but not limited to, length of employment and past job performance. **IT IS NOT NECESSARY FOR WARNING(S) TO BE ISSUED PRIOR TO TERMINATION FOR ONE OF THE FOLLOWING VIOLATIONS:**

1. Unacceptable job performance, which may be identified through quality assurance reporting.
2. Insubordination.
3. Reasonable suspicion of theft or dishonesty.
4. Falsifying application for employment.
5. Falsifying time records.
6. Immoral conduct of any kind.
7. Behavior inconsistent with company policy.
8. Malicious damage to the Company's property.
9. Intimidation or coercion of the other employees, client employees or patients.
10. Revealing or discussing/disclosing confidential information.
11. Absent for two (2) consecutive workdays without notifying the Company, or without providing an acceptable excuse.
12. Repeated lateness.
13. Illegal possession of controlled substances.
14. Using company/facility time for personal use.

IV. SUSPICION OF DRUG/ALCOHOL USE: I understand that I may be terminated for suspected use or for being under the influence of drugs or alcohol at work. I agree to submit to drug/alcohol testing within the guidelines of state law.

V. NO PROMISES MADE: I acknowledge that no promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon *Onward Healthcare* unless made in writing by *Onward Healthcare*.

I HEREBY ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND AND AGREE TO EACH OF THE PROCEEDING PARAGRAPHS.

BY: *Onward Healthcare*

APPLICANT

DATE