

By my signature below, I acknowledge that I have been informed that I am now employed as a Co-Employee by DEM Group, L.L.C., Inc. (hereinafter "DEM"), which is a Professional Employer Organization and \_\_\_\_\_ (the "Client"). A Co-Employee is an employee with two employers, the work-site employer (the "Client") and the Professional Employer Organization ("DEM"). As a condition to my employment I understand and agree that:

1. My continued employment as a co-employee by DEM and the Client is considered employment at will, which means it may be terminated by me or by DEM or the Client at any time with or without cause, and with or without notice.
2. Any insurance required by state and federal employment laws including, but not limited to, Workers' Compensation are paid and enforced by DEM if you are covered under a DEM policy. If I am injured on the job, I agree to contact my supervisor or DEM immediately so that a report of injury can be properly filed with the carrier. Also, I must go to an approved facility for a drug screening within 24 hours of the injury. Failure to comply with these standards may result in claims being denied or not paid.
3. If DEM does not receive payment from the Client for services that I perform for the Client, DEM will still pay me the applicable minimum wage for any such pay periods completed, and I agree to this method of compensation.
4. I will comply with the drug testing policies, which DEM or the Client may adopt, and I specifically agree to comply with any post accident drug testing in any situation where it is allowed by law, regulation, rule, or ordinance.
5. I understand that the possession of firearms or other weapons (concealed or unconcealed) on the premises of the Client or DEM is strictly prohibited to the extent permitted by law and may be grounds for immediate dismissal.
6. I understand that if I do not show up for assignment for three (3) or more days without notifying my supervisor, I will be considered to have abandoned my job and will not be eligible for continued employment. I understand that the three (3) day period may be shortened at employer's discretion, depending on severity of absence. I understand that if I am going to be absent from work for any unscheduled day, that I will notify my manager within one (1) hour of my start time. I may also be expected to bring in a doctor's note if I am absent from work due to illness. If I fail to follow these rules, it may result in disciplinary action up to and including termination.
7. If at any time during my employment I am subjected or witness to, any type of discrimination or harassment, including sexual harassment, because of race, sex, age, religion, citizenship, color, veteran status, military status, prohibited retaliation, natural origin, ancestry, mental or physical disability, marital status, or any other protected class, as required by applicable federal, state, or local statute. I will contact the DEM Human Resources Department at 877-DEM-1116 in order to obtain assistance to resolve such matters.
8. In the event of a dispute arising out of, or relating to, termination of my employment with DEM or the Client, it will be resolved solely by binding arbitration. The Arbitrator will be obligated to decide the dispute not by compromise, but according to law as if sitting in court applying the rules of evidence. The arbitration will be conducted in accordance with the American Arbitration Association, then in effect at the time of the arbitration. If required by the law, DEM and the Client will equally bear the cost of the arbitration fees; otherwise, all parties to the arbitration will share them. Any arbitration award can be enforced in the local circuit court and judgment rendered.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Printed Name