

Policies and Procedures Acknowledgment Form

I understand that these policies do not provide any contractual rights or guarantees of employment and that my employment is at-will and for no definite duration. I also understand that these policies may be revised from time to time at the sole discretion of the company.

I understand that I am an employee of and will be paid by Image Services Staffing. Any employee benefits that I become eligible for will be provided or sponsored solely by IMAGE SERVICES.

I understand that while I may be directed and controlled by representatives or employees of any client company to which I am assigned, I will not be eligible to participate in or make any claim upon any employee benefit or stock purchase plan established or administered by the client company for the benefit of its regular full-time or part-time employees.

I acknowledge that I have read and understand all of the information printed in the *Welcome to IMAGE SERVICES Staffing pamphlet*. I further acknowledge that I have had an opportunity to ask questions that I may have about them and I understand that it is my responsibility to save this pamphlet for review.

Applicant Name Printed

Applicant Signature & Date

IMAGE SERVICES Representative & Date

IMAGE COPY

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EMPLOYEE COPY