



CONFIRMATION OF RECEIPT OF SUCCESS GUIDE

I have received my copy of the Company's **Employee Success Guide**. I understand and agree that it is my responsibility to read and familiarize myself with the policies and procedures contained in the handbook and to follow those policies and procedures at all times.

I understand and agree that nothing in the employee handbook creates a promise or representation of continued employment and that employment at the Company is employment at-will; employment may be terminated at the will of either the Company or myself. My signature certifies that I understand that the foregoing agreement regarding my at-will status is the sole and entire agreement between the Company and myself concerning the duration of my employment and the circumstances under which my employment may be terminated. It supersedes all agreements, understandings, and representations concerning my employment with the Company.

I understand that except for my at-will status, any and all policies can be changed at any time by the Company. The Company reserves the right to change my hours, wages, and working conditions at any time. I understand and agree that other than the Owner/Operator of The Company, no manager, supervisor, or representative of the Company has authority to enter into any agreement, express or implied, for employment for any specific period of time, or to make any agreement for employment other than at-will; only the Owner/Operator has the authority to make any such agreement and then only in writing, signed by the Owner/Operator.

Employee Signature _____

Employee Printed Name _____

Date ____ / ____ / ____



90 DAY PROBATION AGREEMENT

I understand that the first 90 days I am employed are on a Probationary Period. During this time, I need to make sure that I am a contributing part of the team. This means that I need to stay productive without constant Management supervision, follow all policies and practices within the Employee Success Guide and training materials, have good attendance, wear a complete uniform, and respect others.

I understand that the above mentioned policies and procedures along with everything in the **Employee Success Guide** that I read, reviewed and signed are my responsibility and will be adhered to. If I have any questions on any of these policies or procedures mentioned in the **Employee Success Guide** I have had an opportunity to ask those questions. I understand my employer has the right to change these policies from time to time without prior notice. I further understand that failing to follow these policies, rules and regulations will result in disciplinary action which can vary between verbal, written, documentation and termination.

By signing below, I understand what is expected of me and I agree with the 90 day probationary period.

Employee Signature _____ Date _____

Employee Printed Name _____ Date _____

Manager Signature _____ Date _____

My Probationary period ends on ____ / ____ / ____

(A copy of the 90 Day Probation Agreement will be retained in the employee's personnel file)