

EMPLOYMENT AGREEMENT

First Name: _____ M.I.: ___ Last Name: _____ Today's Date: _____

Current address:

Street: _____ City: _____ State ___ Zip: _____

TELEPHONE NUMBERS: (_____) _____ (Home) (_____) _____ (Work)

SOCIAL SECURITY NO: _____ - _____ - _____

I, _____, agree to the following terms and conditions of employment with _____
(hereinafter referred to as "employer"):

Conditions of Employment

- 1) I understand and agree that employer makes no guarantee as to the length of my employment.
- 2) I understand and agree that I will be required to keep my First Aid and CPR current, as part of my employment.
- 3) I understand and agree that employer may terminate my employment at any time, with or without cause, and this is an employment-at-will agreement. I agree that nothing the employer or any family members of the employer has said indicates anything other than an employment-at-will agreement.
- 4) I may terminate this Agreement at any time and must return all employer items within 24 hours of my termination of this agreement.

Considerations of Employment

Monetary Considerations

- A) Monetary compensation will be \$ _____ per _____.
- B) An evaluation of my performance and salary will occur
___ initially after ___ months, and
___ regularly thereafter every ___ months.
- C) Additional compensation will be:
___ there is no additional compensation
___ living quarters (please describe): _____
___ meals to be taken with the family: _____
___ automobile (please describe specific uses and terms, including any mileage limitations): _____

___ Health Insurance
___ Other: _____
- D) Number of paid Vacation Days available? _____ When can the Vacation Days be taken? _____
- E) Paid Holidays: _____
___ Holidays may not be paid if I have an unscheduled absence the work day preceding or following the holiday.
- F) Number of paid Sick Days available? _____
- G) Number of Unpaid Personal Days available? _____
- H) Extra work hours will be paid at \$ _____/hour or \$ _____/day.
- I) Who will be responsible for paying employer taxes? _____
- J) Pay day will be on what day? _____ and will occur every: week 2 weeks bi-monthly monthly
- K) The pay rate for a 24-hour time period is: \$ _____ during regular work days and \$ _____ during non-work days.

Work Hour Considerations

K) Work hours will be as follows:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time:	_____	_____	_____	_____	_____	_____	_____
Ending Time:	_____	_____	_____	_____	_____	_____	_____

L) Days off will be: _____

M) Will any traveling with the family be necessary? Yes or No What are the conditions: _____

N) Extra work hours will be arranged how far in advance? _____

Responsibilities

6) My responsibilities will generally be as follows:

- ___ caring for children ages: _____
- ___ keeping children's rooms and play areas neat
- ___ doing the children's laundry weekly
- ___ meal preparation for the children during work hours
- ___ simple meal preparation for the family
- ___ helping with clean-up after dinner
- ___ keeping toys picked up and the house neat
- ___ dusting and weekly vacuuming
- ___ running errands
- ___ taking children to events
- ___ caring for pets
- ___ Other duties: _____

Contingencies to Offer of Employment

7) I understand that this offer of employment is contingent upon the completion of the following items:

- ___ physical exam
- ___ drug and/or alcohol screening
- ___ Tuberculosis screening
- ___ Fingerprint verification with a state or federal agency
- ___ First Aid or CPR Training
- ___ Other Training _____
- ___ Employment reference from: _____
- ___ Personal reference from: _____
- ___ Receipt and Verification of school transcripts
- ___ Other: _____

Other Notes: _____

Employee Signature	Date	Employer Signature
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