BEYOND
MEDICAL STAFFING

Employee Acknowledgement, Receipt, and Consent

I have received the Company's Employee Handbook ("Handbook") and have either read it or had it read to me carefully. I understand all of its rules, policies, terms, and conditions, and agree to abide by them, realizing that failure to do so may result in disciplinary action up to and including termination of employment. I also understand that this Handbook supersedes all previous inconsistent written and unwritten policies, and any previous handbooks.

I acknowledge that my employment relationship with the Company is at will. **Accordingly, either I or the Company can terminate the relationship at will, with or without cause, at any time, for any lawful reason or no reason at all.** I also understand that no supervisor, manager, or other representative of the Company may enter into any agreement contrary to this Handbook or for employment for any specified time, and any such agreement or terms are unenforceable unless they are in a writing signed by me and the Company's CEO.

I understand and agree that this Handbook is not a contract and does not in any way create an express or implied contract of employment between me and the Company, but rather is intended to foster a better working atmosphere while the employment relationship exists. I understand that, except for employment-at-will status, any and all policies and practices may be changed at any time by the Company, and the Company reserves the right to change my hours, wages and working conditions at any time. All such changes will be communicated through official notices, and I understand that revised information may supersede, modify, or eliminate existing policies.

I understand that the Company may monitor my computer files and activity, Internet activity, electronic communications, and voice mail messages for various reasons, and I consent to the same. The Company may also disclose such activity and messages to a third party without my consent when it deems such action necessary.

_____   _____
Signature   Date