

STATEMENT AND ACKNOWLEDGEMENT OF AT-WILL EMPLOYMENT

As an employee of _____, your employment has been and continues to be “at-will.” This means that during the course of employment with the Company, employees are free to terminate their employment with the Company at any time, with or without a reason, and the Company has the right to terminate employees at any time, with or without a reason. Although the Company may choose to terminate an employee for cause, cause is not required.

No one other than the President of the Company has the authority to alter this at-will employment arrangement, to enter into an agreement for employment for a specified period of time, or to make any agreement contrary to this at-will arrangement. Furthermore, any such agreement must be in writing and must be signed by the President of the Company.

By signing in the space provided below, you hereby acknowledge that you have been given a copy of the Company’s Statement and Acknowledgement of At-Will Employment, that you have read the Statement and that you understand its contents, and that you further understand that the Statement supersedes any and all previous agreements, policies, practices or guidelines, whether oral or written.

EMPLOYEE

Name: _____ Date: _____

Signature: _____

Note to Employee: The original of this form will go into your personnel file.