



NEW HIRE FORM

In consideration of my being employed by Advantage Nursing Services, LLC, I _____ agree not to directly or indirectly accept employment from any private duty client that Advantage Nursing Services, LLC has assigned to me.

I further agree that Advantage Nursing Services, LLC shall be entitled to all lost revenue, attorney's fees and 1.5% interest per month that may result from such employment.

Printed Employee Name

Employee Signature

Date

Agency Representative

Date