

WORK RULES

Work Rules. In the event of my employment with **SAFEWAY HEALTHCARE SERVICES INC.** I agree to comply with all rules and regulations of **SAFEWAY HEALTHCARE SERVICES INC.**

Drug/Alcohol Test. I understand that **SAFEWAY HEALTHCARE SERVICES INC.** reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment to the extent permitted by law.

Medical Examination. I understand that any offer of employment may be contingent upon the passing of a physical examination. I consent to the disclosure of the results of any physical examination or related test to **SAFEWAY HEALTHCARE SERVICES INC.** I understand that should I decline to sign this consent or decline to take any of the above-described tests, my application for employment may be rejected or my employment may be terminated.

Background Examination. I understand that **SAFEWAY HEALTHCARE SERVICES INC's** consideration of my application includes an investigation of the information I have provided on this application and other relevant information such as my driving record and criminal record, if any. I understand that should I decline to consent to such an investigation, my application for employment may be rejected or my employment may be terminated.

At Will Employment. If hired, I further agree as follows: My employment and compensation are terminable at will, are for no definite period, and my employment and compensation may be terminated by **SAFEWAY HEALTHCARE SERVICES INC.** at any time and for any reason whatsoever, with or without good cause at the option of either **SAFEWAY HEALTHCARE SERVICES INC.** or myself. No implied, oral or written agreements contrary to the express language of this agreement are valid unless they are in writing and signed by the President of the Company. This agreement takes the place of all prior and contemporaneous agreements, representations, and understandings between me and **SAFEWAY HEALTHCARE SERVICES INC.**

I hereby certify that all information that I have provided on this application or any other document filled out in connection with my employment, and in any information that I have provided during any interview is true and correct. I have withheld nothing that would, if disclosed, effect this application unfavorably. I understand that if I am employed and any such information is later found to be false or incomplete in any respect, I may be dismissed.

If you have any questions regarding this agreement, please ask a Company representative before signing.

I hereby acknowledge that I have read the above statements and agreements and understand the same.

MY SIGNATURE BELOW ATTESTS TO THE FACT THAT I HAVE READ, UNDERSTAND, AND AGREE TO BE LEGALY BOUND BY ALL OF THE ABOVE TERMS.

DATE

Signature of Applicant