

Associate Agreement

Release of liability for background information and authorization to contact references. I hereby release all persons or entities listed on my application from all liability for damages for giving any background information to Manpower or its authorized agents. This release also extends to persons or entities having information about me that is relevant to any position for which I am considered. I also release Manpower from any liability for sharing such information with relevant parties including but not limited to branch offices, subsidiaries or Manpower clients. Finally, I authorize Manpower to ask the persons or companies listed as references on my application any questions concerning my work habits, skills, or my conduct on the job, unless I have indicated on my application that I do not want the reference to be contacted.

Employment-at-will. I agree that if I am employed by Manpower, now or at any time in the future, my employment with Manpower is at-will and that my employment and/or assignment can be terminated for any reason with or without cause and with or without notice, and without liability to me for wages or salary, except for such wages or salary which I earned prior to the date of my termination of my employment and/or assignment.

Consent for physical examination if injured. I agree that if, at any time, I make claims against Manpower for personal injuries, including but not limited to, workers compensation claims, I will upon request, submit to an examination by a physician of Manpower's choice, at Manpower's expense.

Sharing information. Manpower's clients, affiliates, suppliers, subcontractors, and/or other Manpower entities may, on occasion, require information contained in any document associated with my employment with Manpower, including my social security number. I grant Manpower permission to share this information. This permission shall not apply to medical records or other records to which the privacy provisions of the Health Insurance Portability and Accountability Act (HIPAA) apply. For more information regarding Manpower's privacy practices, please request a Manpower Privacy Notice for U.S. Residents or visit our web site at us.manpower.com/privacy.

Deductions for payments made in error. In the event Manpower pays me any money in error, I hereby give Manpower permission to deduct payments from any compensation due and owing me in repayment, as permitted under and in accordance with all applicable state law. If a state law requires specific permission at the time the deduction is made, I agree to provide the necessary permission for payroll deductions.

Temporary assignments dependent on client need. The completion of Manpower's application process shall constitute a conditional offer of employment subject to an acceptable background check and/or a drug screen if required by a client, my availability, and the availability of client assignments calling for the skills and qualifications which I possess. I understand that completion of the application process does not guarantee that an assignment will be offered to me and that the availability of an assignment through Manpower is subject to client needs.

Availability policy. This policy only applies after you have been on at least one assignment with Manpower. To maintain employment status with Manpower, you must keep us informed as to your availability. When you complete an assignment, notify Manpower by phone within 48 hours (exceptions noted below), and then every week until you are placed on a new assignment, to inform us of your availability status. If you do not contact us, then we will consider you unavailable for work and to have voluntarily resigned from employment. (Exceptions: Associates who work in WISCONSIN and UTAH must contact Manpower within 2 working days after assignment completion. Associates in IOWA must contact Manpower within 3 working days after assignment completion. Associates who work in MICHIGAN must contact Manpower within 7 working days after assignment completion. Associates who work in MINNESOTA must contact Manpower within 5 working days after assignment completion.)

Intellectual Property. Any and all discoveries, inventions (including but not limited to improvements or modifications) or literary or other works relating to the work you perform while on assignment or suggested by matters disclosed in conjunction with your assignment, whether or not patentable, copyrightable or otherwise subject to registration or protection which are made or conceived by you, solely or jointly with others, are works made for hire and shall be the property of Manpower or its designee. You must agree to provide Manpower or its designee with a complete written disclosure of each invention, discovery, literary or other work and further agree to sign necessary documents and give Manpower or its designee all other reasonable assistance necessary to perfect and maintain whatever rights Manpower or its designee deem appropriate, without charge to Manpower or its designee but without expense to yourself.

Waiver of Manpower client benefits. In consideration of a temporary assignment with a Manpower client, I agree that I am solely an associate of Manpower for any benefits plan purposes and that I am eligible only for such benefits as Manpower may offer to its associates. I further acknowledge and agree that I am not entitled to benefits under any plans or programs offered by a Manpower client (or its parents, affiliates, subsidiaries, or successors), regardless of the length of my assignment with a Manpower client, and regardless of whether I am held to be a common-law employee of a client for any purpose. THEREFORE, WITH FULL KNOWLEDGE AND UNDERSTANDING, I HEREBY EXPRESSLY WAIVE ANY CLAIM OR RIGHT THAT I MAY HAVE NOW OR IN THE FUTURE, TO ANY SUCH BENEFIT, INCLUDING BUT NOT LIMITED TO, 401(K) AND OTHER SAVINGS PLANS, STOCK PURCHASE, PENSION, DEFERRED COMPENSATION, TRAVEL REIMBURSEMENT, SEVERANCE, FLEXIBLE BENEFITS, LIFE INSURANCE, SHORT-TERM AND LONG-TERM DISABILITY PLANS, AND I HEREBY WAIVE MY RIGHTS TO RECEIVE ANY SUCH BENEFITS. THIS WAIVER DOES NOT APPLY TO ANY BENEFITS PREVIOUSLY ACCRUED UNDER THE CLIENT'S BENEFITS PLANS.

Authorization to transfer records. I authorize Manpower to transfer my employment records between offices, whether branch or franchise owned, based on my request, my relocation, or another business factor.

Information true and correct. I hereby certify that the information provided in the application is true and correct. I understand that my employment may be terminated immediately upon discovery that any information is false.

Signature

Date