

Employment Agreement

Employee's Full Name: _____

Telephone Number:
(____) _____

Address: _____

City _____ State _____ Zip _____

Type of Work to Be Performed: _____

Full Time _____ Part Time _____ Seasonal _____ (If Seasonal, Approx. Months) _____

Approximate Hours/Week: _____

Compensation:

Hourly \$ _____, Weekly \$ _____, or Monthly \$ _____

Cash _____ Commodities _____ Combination Cash & Commodity _____

Description of Commodity Wage Plan: _____

How Often are Wages Paid: _____

Benefits or Other Compensation:

Describe in Detail Those that Apply (Housing, Meals, Sick Leave, Vacation, Holidays, Etc):

Medical Insurance: Yes _____ No _____

Medical Reimbursement Plan: Yes _____ No _____ Annual Limit \$ _____

Health Savings Account: Yes _____ No _____ Annual Contribution \$ _____

Approximate Period of Employment:

From _____, 20____ to _____, 20____ OR

Indefinitely or Until Termination _____

Name of Owner of Corporate Officer

Title

Employer Signature _____ Date

Name of Employee

Employee Signature _____ Date