

CONFIDENTIAL AGREEMENT

READ CAREFULLY AND SIGN BELOW IF YOU AGREE TO THESE TERMS OF EMPLOYMENT

I agree that except at the request and for the benefit of Best of Best HomeCare, Inc. I will not disclose to anyone or use for my own purposes any of Best of Best HomeCare, Inc. or proprietary information, either during or after my employment. I understand and agree that Best of Best HomeCare, Inc. bidding, costs, pricing and marketing information and techniques, customer names and information, and employee name and information are confidential and proprietary to Best of Best HomeCare, Inc.

I certify that this application contains no willful misrepresentation or falsifications and that this information given by me is true and complete to the best of my knowledge and belief. I authorized Best of Best HomeCare, Inc. to contact all sources to verify the information on this application. I understand that any falsification, misrepresentation or fraudulent information provided by me in connection with my application for employment is sufficient grounds for withdrawal of an employment offer or immediate discharge.

I understand that this application is not a contract of employment.

I authorize and request my former employers, references, and educational institutions which have information about me, to give Best of Best HomeCare, Inc. any and all information and opinions about me in their possession and which may lawfully be disclosed. I hereby waive written notice of such release of information and opinions, and release such former employers, references, and educational institutions from any liability or claim relating to such release of information and opinions. I also authorized and request federal, state, and local governmental agencies to release to Best of Best HomeCare, Inc. any information requested, concerning any criminal convictions on my record. A photocopy of this signed authorization and waiver shall be valid as an original.

Signature of Applicant	Date