

EMPLOYMENT AGREEMENT

This agreement made by and between KYR DENTAL STAFFING AND PRACTICE MANAGEMENT, INC. and _____ on this _____ day of _____, _____

KYR DENTAL STAFFING AND PRACTICE MANAGEMENT, INC. AND EMPLOYER AGREE TO THE FOLLOWING:

Section 1: Permanent Placement

An employer agrees to pay KYR the appropriate permanent placement under any of the following conditions.

- 1) Candidate sent directly by KYR for an interview or working interview.
- 2) Candidate currently working as a temporary through KYR and subsequently hired for permanent or permanent temporary.
- 3) Candidate has previously worked as a temporary or interviewed through KYR within the previous 12 months prior to permanent placement.
- 4) KYR reserves the right to change the fee schedule at any time within a 30 day prior notification.

Please Note! Placement fee is due upon receipt of invoice

Any position lasting less than (30) days will be considered temporary and a temporary fee will be charged for each day worked (see fee schedule). The difference between the earned temporary fee and the permanent placement fee charged will be refunded to employer if any. The permanent hiring fee after (30) days shall not be refunded for any reason including but not limited to voluntary or involuntary termination.

Section 2: Hiring A Temporary

If employer hires an individual referred directly by KYR DENTAL STAFFING AND PRACTICE MANAGEMENT, INC. as a temporary or permanent hire, the appropriate fee shall be paid regardless if Employer has any prior contact with said applicant within the previous 12 months. All scheduling for temporaries shall be done directly through KYR DENTAL STAFFING AND PRACTICE MANAGEMENT, INC. No temporary is to be contacted directly by the Employer or Staff. It is agreed; KYR DENTAL STAFFING AND PRACTICE MANAGEMENT, INC. has a minimum daily agency fee if temporary works less than six hours. It is agreed that KYR DENTAL STAFFING AND PRACTICE MANAGEMENT, INC. has a 4-hour minimum daily rate for temporary personnel and 24 hours notice must be given for cancellation; KYR reserves the right to change the fee schedule at any time with a 30 day prior notification.

Employer is solely responsible for the conduct of each temporary under his/her direct supervision and employee shall perform only those duties he/she is legally qualified to do.

Client will furnish a suitable workplace which shall comply with all laws, rules and regulations, including the Occupational Safety and Health Act and client shall hold KYR harmless from any violations thereof.

KYR DENTAL STAFFING AND PRACTICE MANAGEMENT, INC. will be responsible for all payroll & associated taxes, workers compensation, provide W2's at year end and comply with immigration reform and control act when providing payroll.

Payment will be made to KYR DENTAL STAFFING AND PRACTICE MANAGEMENT, INC. upon the receipt of invoice. If not paid when due, shall bear interest at the rate of 1.5% per month and client shall be responsible for fees if it becomes necessary to engage an attorney.

This agreement shall be effective on the above date and three years from date signed.

I agree to all the terms and conditions of this contract and fee schedule that I have received and agree to pay the appropriate fee.

By _____

KYR DENTAL STAFFING AND PRACTICE MANAGEMENT, INC. Authorized Signature