ASSURANCE ELDERCARE, INC.
Assisted Living

ASSURANCE ELDERCARE, INC.
INDEPENDENT CONTRACTOR FORM

This is a contract between Assurance ElderCare, Inc. and Contracting Workers referred hereto AEC, Inc. and Independent Contractor, respectfully. Independent Contractor shall perform the following services for AEC, Inc.

TERMS OF THE AGREEMENT

Independent Contractor shall be responsible for providing all tools and materials required for performance of the tsk agreed to:
Independent contractor must have on file a current CPR card, a negative TB (PPD) test result, and or X-Ray, a contract, a dated application, two references, and a recent background check within thirty (30) days.
Independent Contractor must agree to the follow the Policies and Procedures of the duty site, and uphold a professional attitude at all times.
The Independent Contractor agrees to comply with all state and federal laws application to the employed personnel on any job site.

INDEMNICATION

Each party agrees to indemnify and hold the other, including directors, officers, agents, and contractors harmless from all claims suite judgements and demands arising from the indemnifying party's negligent and/or intentional acts and omissions in the performance of the duties prescribed in the Contractual Agreement. Each party shall give the other immediate written notice of any claim, suite, or demand, which may be subject to the provision. This provision shall survive the termination of the Contractor Agreement.

CONTRACTOR RESPONSIBILITIES

All Independent Contractors working with AEC, Inc. shall obtain Workman's Compensation Insurance, on their own. AEC, Inc. will not be responsible for the Independent Contracting benefits such as withholding of federal and state taxes, social Security taxes, Unemployment Insurance, Health Insurance, or Worker's Compensation Insurance.

AEC, Inc./Contractors will report to the designated person/supervisor before beginning work.

PAYMENT/INVOICES

Each Independent Contractor must turn in a signed time/invoice sheet from their duty site. Each invoice must be signed by the authorized personnel/person; to be paid for services rendered.

This agreement shall begin on _____and shall terminate on _____unless earlier terminated.
Staffing and Direct Care Workers at the following rate of pay: $_____/hr.
Contracting Party may terminate this contract on immediate notice to Independent Contractor for unsatisfactory performance.

Contracting Party: _____Date: _____
Authorized Officer Only

Independent Contractor: _____Date: _____