



**Work Force Inc.**  
**1700 Rankin**  
**Missoula, MT 59808**  
**Phone: (406) 543-3590**  
**Fax: (406) 543-3876**

## **Staffing Agreement**

- 1. If you have a position that requires the operation of a motor vehicle, forklift or any other motorized equipment you must let us know prior to the assignment so that we can send you a qualified employee. WORK FORCE'S general liability insurance does not cover the operation of any motor vehicle nor does it cover the loss or damage of machinery, equipment or materials while in the care, custody or control of a WORK FORCE employee. Client agrees to indemnify and hold us harmless for: bodily injury, property damage, collision or public liability claims, regardless of fault.**
- 2. If client entrusts WORK FORCE employees with unattended premises, or with the care, custody, or control of cash, checks, credit card numbers, negotiables, confidential information or trade secrets, or any other valuable without prior permission from WORK FORCE then you must indemnify and hold us harmless from any resulting loss or damage.**
- 3. Client agrees to notify WORK FORCE of any change in the duties of any of our employees from that which was originally described. Our employees do not engage in any high-risk jobs. For example: no employee shall be required to get on a roof, no types of logging operations, or the use of chainsaws. WORK FORCE does not provide employees for any childcare or CNA positions.**
- 4. Do not loan any of our employee's money or give them draws against their paychecks. If a transaction like this occurs we will not be in any position to help you recover money should the need arise.**
- 5. Client agrees that for the period of 180 days after the date of referral, or the last day for which hours are reported to WORK FORCE, utilization of our employee will be through WORK FORCE. If you hire our employee before our 480-hour requirement is fulfilled, or use them through another staffing service, you will pay a transfer fee of 10 percent of the employee's annual wage.**

**By signing below, Client or their agent accepts and agrees to above mentioned terms and conditions. A copy/facsimile of this authorization will be accepted with the same authorization of the original.**

**Company** \_\_\_\_\_ **Date** \_\_\_\_\_

**Agents Name** \_\_\_\_\_ **Title** \_\_\_\_\_

**Agents Signature** \_\_\_\_\_