



## Assignment Acceptance Contract

Employee Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Assignment Start Date: \_\_\_\_\_

### Condition of Employment:

I understand that I am an employee of Insurance Recruiting Specialists when I am sent on an assignment, not an employee of the company to which I am assigned. I agree that I will complete the assignment and remain an employee of Insurance Recruiting Specialists throughout the duration of the assignment.

When on assignment, if I am unable to make it in, or will be late to the assignment, I agree to call Insurance Recruiting Specialists at the toll free number (866) 658-4477 to inform them. I agree that if I call before or after business hours I will leave a message and Insurance Recruiting Specialists will notify the company of my absence or delay.

### Accepted:

\_\_\_\_\_  
Employee's signature