CURRENT EFFECTIVE DATE: 01/27/2021	Policy Origination Date: 01/27/2021
	Last Revision Date: N/A
	Date of Last Legal Review: 01/2021
Related Policies: At Will Policy Additional Resources:	

I acknowledge that I have received, reviewed, and understand all of the terms, conditions, policies, and procedures set forth by EMSA, including the Team Member Handbook and Code of Conduct, which describes important information about EMSA and about my duties and responsibilities as a Team Member at EMSA. I understand that I should consult my supervisor or any other appropriate member of management regarding any questions I may have which are not answered in the EMSA policies.

Since the information, policies, procedures, and benefits described in EMSA's policies are subject to change at any time without advance notice, I acknowledge that revisions may occur and become enforceable without advance notice. I understand changes may be communicated through various means, and I understand that revised information will supersede, modify, or eliminate existing policies and procedures.

I have entered into my employment relationship with EMSA voluntarily and acknowledge that there is and will not be no contract of employment between me and EMSA for a specific, fixed period of time. I understand and agree that no part of the EMSA policies are a contract of employment, express or implied, and further understand that no chief, officer, director, trustee, manager or supervisor of EMSA has authority to enter or create a contract with me or any other Team Member of EMSA.

I further acknowledge that I have not been promised and am not entitled to any specific or minimum length of employment with EMSA and that my employment is strictly "at will," which means my employment may be terminated by EMSA or by me, with or without cause, at any time with or without notice.

My signature below confirms that I understand and will adhere to all of the terms, conditions, policies, and procedures contained in EMSA's policies, as may be amended from time to time, in the sole discretion of EMSA.

Print Name:_____

Signature _____ Date of Signature: _____

I have received a copy of the EMSA policies in their entirety.

Print Name:_____

Signature _____ Date of Signature: _____