



EMPLOYMENT AGREEMENT

Please read the following statements, sign below and return to your supervisor.

EACH COMFORT KEEPERS OFFICE IS AN INDEPENDENTLY OWNED FRANCHISED BUSINESS. I UNDERSTAND THAT I AM NOT EMPLOYED BY COMFORT KEEPERS OR CK FRANCHISING, INC., BUT INSTEAD BY THE FRANCHISEE DIRECTLY.

At-Will Employment

I understand that my employment is at will, and neither myself nor Karopa Incorporated DBA Comfort Keepers hereinafter referred to as Company, has entered into a contract regarding the duration of my employment. I am free to terminate my employment with Company at any time, with or without reason. Likewise, the Company has the right to terminate my employment, or otherwise discipline, transfer, or demote me at any time, with or without reason, at the discretion of Company. No employee of Company can enter into an employment contract for a specified period of time, or make any agreement contrary to this policy without the written approval from the owner(s) or an Officer of the Company.

Confidential Information

I am aware that, during the course of my employment, confidential information will be made available to me, for instance, marketing strategies, client lists, pricing policies and other related information. I understand that this information is proprietary and critical to the success of the Company and must not be given out or used outside of the Company's premises or with non-Company employees. In the event of termination of employment, whether voluntary or involuntary, I hereby agree not to utilize or exploit this information with any other individual or company and will immediately turn in all Company materials to include but not limited to; the Employee Manual, Training Manual, Identification Badge, Client Information Sheets, etc. I understand and agree that I will be financially responsible for any company related materials that are not turned in upon termination and may be subject to a deduction in my pay from my last paycheck. This may be an amount equal to the value of such material, but not more than the difference of my pay and the state and/or federal minimum wage for the hours worked in the period covered.

(Continued on next page)

Non-Compete Agreement

For valuable consideration and as inducement for Company to employ _____ (Employee), the undersigned hereby agrees not to directly or indirectly compete with the business of the Company during the period of employment and for a period of 12 (Twelve) months thereafter, notwithstanding the cause or reason for termination.

The term "non compete" as used herein shall mean that the Employee shall not directly or indirectly be employed by any current client or past client of the Company or employed by any company servicing any current client or past client of the Company, provided the client has been under contract with Company at any time within the past 12 (Twelve) months, in which they would be performing any action or service which is substantially similar to or competitive with any service and/or product of Company as now existing or as they may undertake during the term of employment.

This covenant shall apply only to the service areas of the Company as granted by Comfort Keepers Franchising, Inc. which includes zip codes: 45003, 45011, 45013, 45014, 45015, 45030, 45042, 45053, 45056, 45064, 45067, 45211, 45218, 45231, 45238, 45240, 45246, 45247, 45248, 45251, 45252, 45311, 45325, and 45327 and to no prospects or customers outside said area, except customers outside that area who may be presently under contract or have been under contract at any time within the past 12 (Twelve) months with the Company.

The Employee acknowledges that the Company shall or may provide Employee access to customers and trade secrets and other confidential or proprietary information in reliance of this agreement and that the provisions of this agreement are reasonably necessary to protect the Company.

This agreement shall be binding upon and inure to the benefit of the parties, their heirs, assigns and personal representatives.

I understand I am not authorized to provide medical attention independently and agree that if a medical emergency arises while I am with the client, I will call 911 and follow their instructions accordingly.

Employee Name (printed)

Date

Employee Signature

Signature of Authorized Company Agent
(Company)

Date

Note to the employee: An electronic copy of this form will be placed in your personnel e-file. A copy of this form can be accessed via www.ck181employees.com .