

TERMS OF EMPLOYMENT

I, the undersigned, state that all information given by me in this application is true to the best of my knowledge. I authorize Fort Bend Women's Center. (herein after called the agency) to verify such information and to contact any reference given by me. Should I be employed by the agency, I agree that:

1. My employment shall be in accordance with the terms of (A) this application, (B) agency rules and regulations at any time. I will familiarize myself promptly with such rules and regulations and will abide and be bound by the rules and regulations now or hereafter in effect.
2. My employment may be terminated by the agency at any time without advance notice, its only obligation being to pay wages or salary earned by me to date of termination. Without limitation, failure to abide by agency rules and regulations, failure to pass any agency physical examination, drug test or background check and the falsification of any information given by me in this application will entitle the agency to terminate my employment.
3. I will submit to medical examination(s) by a physician appointed by the company at such time(s) as it may request, and will submit to such examination before making any claim against the agency for injuries suffered in connection with my employment.
4. I agree that employment may be contingent upon my meeting all placement considerations, including medical requirements, drug test and criminal background checks.
5. All rights, titles and interests, including, without limitation, all copyrights and patents, in and to any material produced or inventions developed by me which affect or relate to the agency's business shall vest in the agency and I shall have no personal right, title or interest whatsoever therein.
6. The agency, and any person or concern it may authorize, shall be entitled, without further consent, to copyright, sell or use in any manner, any picture or photograph of me.
7. If any injury to me or death in connection with my employment shall be subject to worker's compensation laws, I waive for myself, my heirs and representative, all actions at law against the agency for damages for such injury or death and agree to accept the applicable compensation award provided for by the laws of the state in which I am stationed at the time of such injury or death.
8. The company shall have the right at any time after the termination of my employment to furnish to others information concerning my employment record with the agency, including the information contained in this application.
9. I agree not to disclose any of the agency's trade secrets or other confidential or restricted information and not to make use of such trade secrets or confidential or restricted information in any fashion during employment or after my employment with the agency is terminated.
10. I understand that the agency shall employ more than one member of the same family only when one member of the family is not in a position to change the compensation of another family member. All applicants to the agency must disclose if they have any family members who are working at the agency before the applicant accepts a position. Because of the inherent conflict of interest, family members of the Chief Executive Officer may not work for the agency.

EQUAL EMPLOYMENT OPPORTUNITY IS THE LAW. DISCRIMINATION IS PROHIBITED BY THE CIVIL RIGHTS ACT OF 1964, THE AGE DISCRIMINATION EMPLOYMENT ACT AND THE EQUAL PAY ACT.

The Fort Bend Women's Center is an equal opportunity employer and does not discriminate on the basis of race, color, religion, sex, sexual orientation, gender identity, national origin, age, economic status, marital status, parenthood, disability or any other legally protected status. Any person who believes he or she has been discriminated against should contact the Equal Employment Opportunity Commission.