



7103 4th St NW Bldg F,  
Los Ranchos De Albuquerque, NM 87107  
(505)872-1880 (800) 662-1880 FAX (505)872-1977

#### EMPLOYEE CERTIFICATION AND AGREEMENT

Employers Pro Advantage, Inc. dba Not Just Payroll (the "Company") has entered into an agreement with your Employer where you will be assigned to a job position in which the Company will be the administrative employer of record for purposes of payroll and benefits only. All other duties, rights and responsibilities will be those of the Employers for which you will be working including, with out limitation, job duties, discipline, etc.

Both Company and Employer are entitled to exclusive remedy as provided under the Workers' Compensation Statutes of the State of New Mexico or any other state in which you may perform work.

If the Employer for whom you work fails to pay the required fees for payroll and Workers' Compensation these services will terminate as of the date the last payroll was provided by the Company.

Employee-At-Will:

I certify the information on my Employment Application is true and correct. If it is found not to be, I will not be hired, if hired, I could be immediately terminated for cause. If hired, I agree to abide by all of the rules and regulations of the company and the Employer for whom I will be working.

I further Agree, if required, to take a physical examination to establish my physical ability to safely perform the job position for which I am applying. I further agree to submit to drug and alcohol testing , either on a pre-hire, post injury, random, or for cause basis, as dictated by the policies of the Company, my Employer, and/or the laws of New Mexico or the state in which I am working.

I hereby consent to allow the Company and/or my Employer to conduct a background check in accordance with the laws of New Mexico or the state in which I am working.

If laid off due to lack of work or fired from my Employer, I will notify Carol Ann Benavidez or Gwen Lewis at the Company for placement within 72 hours. If I do not contact within the 72 hours the Company will consider me to be a voluntary quit. Failure to do so may also result in the denial of unemployment benefits that will be determined by the Department of Labor Unemployment Division.

I realize it's my responsibility to contact the Company at 1-800-662-1880 if I do not understand or agree to the above certification and agreement.

By signing I hereby acknowledge, I have read, understood, and agree to the above certification and agreement.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_