

Nondisclosure / Noncompete Agreement

Form 4000 — Onboarding

ShiftNPay / Mastercare

This agreement is entered into between the Employee and the Company to protect confidential information and prevent competitive activities during and after employment.

Agreement Details

Effective Date

Date Signed

Employee

Employee Address

Employee Information

Print Name

Address

City

State

Telephone

Signatures

Company Rep Name/Title

Witness Name/Title

Company Representative

[Sign here]

Witness Signature

[Sign here]

Employee Signature

[Sign here]