6650 Telecom Drive, Suite 260
Indianapolis, IN 46278
317-275-5400
317-275-5401 FAX

CANDIDATE DISCLOSURE STATEMENT AND FEE POLICY

The parties hereto agree that the term "Company" as used in the Agreement shall mean Protis Executive Innovations.

The parties hereto agree that the undersigned Candidate shall have no liability for any fees whatsoever for any services that are provided to or on behalf of the Candidate by the Company including, but not limited to the acceptance of a position of employment by the Candidate secured directly or indirectly through a referral by the Company.

The Company does not discriminate in the acceptance or referral of candidates for positions of employment on the basis of race, color, religion, sex, national origin, marital status, physical handicap or age.

The undersigned Candidate hereby acknowledges the filing of an application with the Company to enable the Company to assist the Candidate in securing a position of employment.

In further consideration for the fact that the Candidate will not be required or obligated to pay any fees whatsoever to the Company for services performed for or on behalf of the Candidate, the Candidate agrees (a) to treat all information furnished to the Candidate by the Company as private and confidential information specifically including but not limited to information regarding positions of employment that are or may be available and the prospective employers to whom the Candidate may be referred to by the Company; and (b) to immediately report to the Company the results of all interviews for positions of employment which the Company arranges for the Candidate.

THE CANDIDATE UNDERSTANDS THAT INVESTIGATIVE AND CREDIT REPORTS MAY BE OBTAINED BY THE COMPANY AND PRESENTED TO PROSPECTIVE EMPLOYERS IN ORDER FOR BOTH THE COMPANY AND THE PROSPECTIVE EMPLOYERS TO EVALUATE THE CANDIDATE. THESE REPORTS MAY INCLUDE, AMONG OTHER THINGS, INFORMATION CONCERNING THE CANDIDATE'S CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, MODE OF LIVING AND FINANCIAL RESPONSIBILITY.

THE CANDIDATE FURTHER UNDERSTANDS THAT HE OR SHE HAS THE RIGHT TO MAKE A WRITTEN REQUEST TO THE COMPANY TO LEARN THE NATURE AND SCOPE OF SAID REPORTS AND TO RECEIVE A WRITTEN RESPONSE WITHIN FIVE (5) DAYS. THEREFORE, THE CANDIDATE HEREBY AUTHORIZES THE COMPANY TO OBTAIN THE INVESTIGATIVE AND CREDIT REPORTS AS HEREIN DESCRIBED.

I, the undersigned Candidate, hereby acknowledge that I have read and received a copy of this Fee Policy and Disclosure Statement.

Social Security Number:_____ Date of Birth: _____

Residential Address (es) including County for past 10 years:

_____

_____

_____

CANDIDATE'S SIGNATURE _____ DATE _____

Print or type name: _____

ACCEPTED BY THE COMPANY:

BY: _____ TITLE _____