

EQUAL EMPLOYMENT OPPORTUNITY. It is our policy to seek and employ the best qualified personnel in all of our facilities and to provide equal opportunity for the advancement of employees and to administer all of our personnel policies in a manner that will not discriminate against any person because of race, color, religion, age, sex, marital or veteran status, national origin, ancestry, disability (physical or mental handicap) or any other legally protected status.

LAST NAME	FIRST NAME	MIDDLE INIT.	SOCIAL SECURITY NO.	DATE	
STREET ADDRESS		APT. NO.	CITY	STATE	ZIP CODE
TELEPHONE NO.	PAGER NO.	ALTERNATE PHONE/MESSAGE			

HOW DID YOU HEAR ABOUT **AAA APARTMENT STAFFING'S** SERVICES?

I AM APPLYING FOR _____ POSITION

PLEASE CHECK EACH POSITION FOR WHICH YOU HAVE VERIFIABLE ON-SITE APARTMENT COMMUNITY EXPERIENCE:

- | | |
|---|--|
| <input type="checkbox"/> PROPERTY SUPERVISOR | <input type="checkbox"/> EPA CERTIFIED MAINTENANCE |
| <input type="checkbox"/> PROPERTY MANAGER | <input type="checkbox"/> GENERAL MAINTENANCE/TICKET RUNNER |
| <input type="checkbox"/> ASSISTANT PROPERTY MANAGER | <input type="checkbox"/> MAKE READY/PUNCH OUT |
| <input type="checkbox"/> LEASING SPECIALIST | <input type="checkbox"/> PORTER |
| <input type="checkbox"/> RECEPTIONIST | <input type="checkbox"/> HOUSEKEEPER |

EDUCATIONAL BACKGROUND

- | | | |
|---|--|--|
| <input type="checkbox"/> COLLEGE DEGREE | <input type="checkbox"/> HIGH SCHOOL DIPLOMA | <input type="checkbox"/> GED OR EQUIVALENT |
| <input type="checkbox"/> APARTMENT INDUSTRY SPECIFIC TRAINING | WHAT _____ WHEN _____ | COMPLETED <input type="checkbox"/> YES <input type="checkbox"/> NO |

DO YOU HAVE ANY TRAINING IN FAIR HOUSING COMPLIANCE REGULATIONS?

PLEASE USE THE SPACE BELOW TO LIST ANY ADDITIONAL TRADE SKILLS, CERTIFICATIONS, TOOLS, ETC. WHICH MIGHT BE USEFUL IN DETERMINING JOB ASSIGNMENTS FOR YOU.

EMPLOYMENT HISTORY

TO/FROM MONTH/YEAR	NAME/ADDRESS OF EMPLOYER	ENDING SALARY	POSITION	REASON FOR LEAVING

REFERENCES: Please provide the names of two persons not related to you, whom you have known at least one year.

NAME	ADDRESS	PHONE	BUSINESS	YEARS KNOWN

EMPLOYMENT AUTHORIZATION

This authorization entitles the bearer (or sender), or any representative thereof, to contact my present and past employer(s) for the purpose of confirming my length of employment, wages and other relevant employment data.
Please send this information to:

AAA APARTMENT STAFFING
11511 Katy Freeway, Suite 130
Houston, Texas 77079
1-877-866-0830 Toll Free
1-877-464-1866 Toll Free Fax

SIGNATURE

NAME

DATE

POLICY REGARDING DISPATCH PROCEDURES, EMPLOYMENT AND ARBITRATION

I understand that I am not required to work on any particular day and whether I report in to **AAA APARTMENT STAFFING** is always my choice. Whenever I wish to register my availability to work, I will call the office with my availability. I know that **AAA APARTMENT STAFFING** is not required to find work for me and is not required to contact me in any way in order to make work available to me. If I do not report to the dispatch call and sign in, **AAA APARTMENT STAFFING** may assume that I am not available for work on that day.

If I am asked to return to an assignment, I understand that it is my responsibility to notify **AAA APARTMENT STAFFING** of the duration of the assignment. If I do not report to the office, it will be assumed that I am not available for work.

I understand that any employment with **AAA APARTMENT STAFFING** is on a day-to-day basis. That is, at the end of the work day, I will be deemed to have quit unless and until I request and receive a work assignment at a later date.

I agree that any disputes arising out of my employment, including any claims of discrimination, harassment or wrongful termination that I believe I have against **AAA APARTMENT STAFFING** and all other employment related issues (excluding only claims arising under the National Labor Relations Act or otherwise within the jurisdiction of the National Labor Relations Board) will be resolved by arbitration as my sole remedy. The arbitration shall be conducted by the American Arbitration Association under its Commercial Arbitration Rules and the decision of the arbitrator shall be final and binding. I understand that **AAA APARTMENT STAFFING** also agrees to arbitrate in the same manner any claims which the company believes it has against me.

CONDITIONS AND CERTIFICATIONS

In consideration of my employment, I agree to conform to the rules and regulations of **AAA APARTMENT STAFFING** and I understand that my employment by **AAA APARTMENT STAFFING** may be terminated at any time by me or **AAA APARTMENT STAFFING**, with or without notice, for any reason. I understand that no General Manager, Assistant Manager or any other employee or representative of **AAA APARTMENT STAFFING** other than the President of **AAA APARTMENT STAFFING** has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to any of the foregoing.

CONFIDENTIALITY STATEMENT: Employees and former employees are prohibited from releasing to any other party any information whatsoever about **AAA APARTMENT STAFFING** which is of a confidential nature or which could be deemed to constitute a "trade secret." Employees or former employees are further prohibited from using, in any manner whatsoever, information which is confidential, proprietary, or privileged, whether for their personal benefit or gain, or for that of any other person. Any information which has not been disclosed publicly in writing should be treated as confidential and proprietary.

I understand the duties, including physical requirements of the position for which I am applying with **AAA APARTMENT STAFFING** and I certify that I am capable of performing the required tasks with or without reasonable accommodation. If any accommodation is necessary, I will describe the proposed accommodation on an attached sheet.

RELEASE OF CLAIMS AGAINST AAA APARTMENT STAFFING CUSTOMERS

I am either a temporary worker for **AAA APARTMENT STAFFING** (the "Company") or am applying for temporary work assignments with the Company.

I understand that the Company provides temporary workers for its customers to work at the customers' project site. In accepting any work assignment, I acknowledge that I am a temporary employee of the Company and am not an employee of the Company's customer.

If I am ever injured in the course of my work for the Company, I agree that I will look only to the Company's Workers' Compensation coverage and not to the Company's customer for any recovery. For myself, and on behalf of my heirs, executor, personal representative and assigns, I waive, release and forever discharge any claim that I may now have or that may later accrue against any customer of the Company which directly or indirectly arises out of any injuries which may occur to me while on a temporary work assignment for the Company.

In signing this Release, I understand that I am not waiving or releasing any claims which I may have against the Workers' Compensation coverage provided by the Company.

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS.

EMPLOYEE SIGNATURE

DATE

CONSENT TO DRUG/ALCOHOL TESTING IN THE EVENT OF WORK-RELATED INJURY OR ILLNESS

I understand that, as part of its regular employment policy, **AAA APARTMENT STAFFING** requires any employee who suffers a work-related injury or illness to be tested for the presence of drugs and/or alcohol. This testing is to be done at the location where initial treatment for the injury/illness is provided, and is to be conducted in accordance with acceptable medical procedures. I understand that if I refuse to submit to testing, it will be considered as refusal to comply with a reasonable request by my employer and will be cause for dismissal. I further agree to hold harmless **AAA APARTMENT STAFFING**, its principles, agents, and clients for any and all consequences arising from my testing positive for the use and/or influence of drugs or alcohol at the time of my injury or illness.

DRUG TESTING

I fully understand that AAA APARTMENT STAFFING has strict policies that ban the use of unauthorized drugs. The ban includes the consumption of alcohol immediately prior to the beginning and during all scheduled work days. **NO DRUGS, NO ALCOHOL!** I am aware that AAA APARTMENT STAFFING has a random drug testing policy. Drug testing may also be required by some clients and cooperation is required as a condition of employment. In the event of a work-related accident, an immediate drug/alcohol test is required.

SEXUAL HARASSMENT

I understand that AAA APARTMENT STAFFING has zero tolerance for sexual harassment and workplace violence. The penalty for either is immediate termination.

CRIMINAL BACKGROUND CHECK

I understand and agree that AAA APARTMENT STAFFING may conduct a criminal background check through the court system. The signature below authorizes AAA APARTMENT STAFFING to conduct this inquiry.

AGREEMENT TO WORK FOR AAA APARTMENT STAFFING. LTD.

I understand and agree that for 90 days after the last day for which hours are scheduled and worked using the employment service provided by AAA APARTMENT STAFFING I cannot accept permanent or temporary employment from any client or sister company to that client for whom I have worked. Clients also agree to this provision by signing the official time sheet each week (Please read and thoroughly understand "Terms" on back of "Official Weekly Time Sheet"). There are NO FEES for providing this employment service. Therefore, employees and clients utilizing AAA's services must abide by the work agreement specified on the back of "Official Weekly Time Sheet."

JOB SAFETY COMPLIANCE

I understand the importance of reporting injuries to AAA APARTMENT STAFFING as soon as they may occur. In the event of an on-the-job injury, I understand that it is my responsibility to report the injury to a representative of the client for whom I am working and then to immediately report the injury to the office of AAA APARTMENT STAFFING. I also understand that it is my responsibility to report unsafe working conditions and/or the lack of proper safety equipment.

My signature indicates that I have read and agree to the above statements.

EMPLOYEE _____

WITNESS _____

DATE _____