

TEXAS APARTMENT SERVICES EMPLOYMENT APPLICATION

Nothing in the employment application or in any other communication is intended to create an employment contract. If an employment relationship is established, the company and the employee will each retain the right to terminate the employment at anytime.
Texas Apartment Services is an equal employment opportunity employer

Personal Information Salary Desired _____ Date _____
 Full Name _____ SSN # _____
 Address _____ DL # _____
 City & State _____ Zip _____
 Home Phone _____ Cell _____ Emergency # _____
 City(s) preferred to work: _____
 Special skills or languages _____
 EPA CERTIFIED? YES or NO (circle one) Position Applying for: _____

Education
 Name of School _____ Name of School _____
 Location _____ Location _____
 Dates Attended _____ Dates Attended _____
 Degree _____ Degree _____

Have you ever been convicted of a crime? _____ Year/Charges _____ Conviction _____ Additional Comments _____ _____	A conviction will not automatically disqualify an applicant for a particular job. The type and seriousness of the crime, the frequency of violation(s), your age at the time of conviction, the date of conviction, time elapsed since the conviction, completion of any sentence, along with your entire work and educational history, as well as employment references and recommendations, will be considered.
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Texas Apartment Services hires individuals authorized to legally work in the United States. Can you, upon employment, submit documentation verifying your legal right to work in the United States?
 YES or NO
 (Circle one)

Employment History (Starting with most recent)

Company _____ Position _____ Hourly Rate _____ Dates Employed _____ to _____	Name of Supervisor _____ Phone # _____ Reason for leaving _____ Rehire able? YES or NO (circle one)
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Company _____ Position _____ Hourly Rate _____ Dates Employed _____ to _____	Name of Supervisor _____ Phone # _____ Reason for leaving _____ Rehire able? YES or NO (circle one)
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Company _____ Position _____ Hourly Rate _____ Dates Employed _____ to _____	Name of Supervisor _____ Phone # _____ Reason for leaving _____ Rehire able? YES or NO (circle one)
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Company _____ Position _____ Hourly Rate _____ Dates Employed _____ to _____	Name of Supervisor _____ Phone # _____ Reason for leaving _____ Rehire able? YES or NO (circle one)
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Employment Agreement with Texas Apartment Services
Please initial each numbered paragraph

___(INI) 1. I understand that I could receive an employee evaluation on each job assignment.

___ (INI) 2. I understand that I will not be permitted to be absent from temporary assignments to interview for other employment. I understand that I will arrange to be interviewed on my own time, before or after my regular work hours. I further understand that I may be permitted to schedule an interview during my lunch period if I have obtained the prior approval of TEXAS Apartment Services.

___(INI) 3. The following actions are considered job abandonment and immediate termination in the event that I (a) Fail a drug screen given either by TEXAS Apartment Services, or by a client of TEXAS Apartment Services for purposes of full time or temporary employment, (b) walk off of a job before the end of my shift or (c) fail to return to complete my temporary assignment without notifying and obtaining approval from TEXAS Apartment Services. I understand by these actions, that any monies owed to me will be reduced to minimum wage for that job assignment.

___ (INI) 4. **I understand that I am responsible to call in daily for availability to TEXAS Apartment Services. In the event I fail to notify TEXAS Apartment Services daily, I will be considered to have left voluntarily without work-connected reason, and TEXAS Apartment Services may deny unemployment benefits.**

___(INI) 5. I understand that equipment or supplies supplied by the client are not for my personal use. If assigned to a temporary position by TEXAS APARTMENT SERVICES. I understand that I will be required to work a total of 160 consecutive hours on a temporary basis at that property prior to conversion to a permanent position unless a placement fee is paid. If the client refuses to pay the placement fee and I accept the position, and I understand that I will be required to pay the fee for the position I am filling.

___ (INI) 6. **I understand that my payroll will not be processed without an authorized signature from client(s) of Texas Apartment Services.**

___(INI) 7. **I understand that TEXAS Apartment Services is not responsible for my timesheet collection. Without a timesheet we will be unable to process your payroll. PLEASE MAKE SURE YOUR TIMESHEET IS COLLECTED. Timesheets are due Monday no later than 10:00 a.m. If you are not working weekends, then you should fax your timesheet before you leave on Friday. In the event that TEXAS Apartment Services has to collect my timesheet, I understand that \$20.00 (collection fee) will be deducted from my paycheck for each timesheet collected.**

___(INI) 8. I understand that my check from TEXAS APARTMENT SERVICES will be mailed, only if requested in writing. To the address listed on my W-2 form.

___ (INI) 9. I understand that in the event I request a stop payment on my check, I have to wait 60 days from the date of the issued check, in order to receive the replacement check I will be responsible for any bank charges in the event the stop payment is required for checks lost in the mail.

___(INI) 10. I understand any assignments that I work on involving incidents regarding theft of any kind; will result in immediate suspension of pay until incident is resolved. I further understand that if proven, I will be responsible for the monetary replacement theft(s) items of any kind by way of payroll deduction on prosecution.

TEXAS APARTMENT SERVICES DOES NOT CARRY WORKERS COMPENSATION INSURANCE.

Texas Apartment Services carries ACCIDENTIAL OCCUPATIONAL INSURANCE.

___(INI) 11. I understand that I will not be covered under Workers Compensation Insurance. I understand that Accidental Occupational insurance is the form of coverage in the event of incident(s). If I get hurt on a property I agree to contact Texas Apartment Services within 24 hours of incident. I Further understand that I will be given a drug screen upon incident and acknowledge no benefits if screen results in a positive reading of illegal substances of any kind.

Signature _____

Printed Name _____

Date _____

**BACKGROUND INVESTIGATION FOR EMPLOYMENT
BY TEXAS APARTMENT SERVICES**

I hereby authorize and give my consent for TEXAS APARTMENT SERVICES to conduct a background check and fingerprint me, in connection with my potential employment with the company. I am hereby advised TEXAS APARTMENT SERVICES background check will involve contacting some or all of the following organization: Federal and State law and drug enforcement agencies, Department of Motor Vehicles, as well as other government agencies that retain criminal history records. I authorize TEXAS APARTMENT SERVICES to contact these organizations to obtain information concerning me. I may submit a written request to TEXAS APARTMENT SERVICES Within 7 days to obtain detailed information about the scope of their investigation. .

I hereby authorize the above listed organizations to release any criminal history records pertaining to me to TEXAS APARTMENT SERVICES officials. I understand that a record of criminal conviction does not automatically disqualify an applicant from being employed by TEXAS APARTMENT SERVICES.

TEXAS APARTMENT SERVICES officers, agents and employees are hereby-released any and all liability as a result of the use or discloser of any information received during the described background investigation. TEXAS APARTMENT SERVICES may at its sole discretion, deny me employment based upon any information received from my background investigation, which TEXAS APARTMENT SERVICES considers unsatisfactory.

I have read and understand the terms of authorizing the background check described above. I further understand the information requested below will be used to conduct a background check. The will be a \$15.00 charge for criminal background check(s). I agree that this will be deducted from my check each time I register and or update my application.

Full Name: _____

SSN: _____

Current Address _____

DOB _____

City-State & Zip _____

DL# _____

Signature: _____

Drug Abuse and Harassment Policy

The new Workers' Compensation statute requires all employers who carry workers' compensation insurance to have more than 15 employees to have a drug prevention policy. TEXAS APARTMENT SERVICES has adopted the following policy to apply to all of its full-time, part-time, and temporary employees assigned to client companies as well as its corporate staff. This policy is adopted in order to help you fulfill your job related responsibilities by understanding the company's position on any drug abuse.

For purposes of this policy, the term "Drug" includes alcoholic beverages and prescription drugs, as well as illegal inhalants and illegal drugs. It specifically excludes prescription drugs when taken as directed by the employee's doctor.

Use of or being under the influence of a "drug" as herein defined is strictly prohibited during working hours, or within three hours prior to a scheduled work period. Being under the influence means being affected in any detectable manner or in possession of a "drug" while performing company assigned business or on client company property. Violation can lead to immediate job termination.

The company, at this time, does not sponsor a drug abuse training or education program nor does it provide company funded or insurance funded rehabilitation programs. . Any employee, however, that wishes to seek guidance or counseling related to a drug abuse problem should contact TEXAS APARTMENT SERVICES

TEXAS APARTMENT SERVICES does not at this time mandate drug testing with the exception of circumstances involving a workers' compensation injury and claim. However, based on the unique contractual requirements of Client companies, TEXAS APARTMENT SERVICES reserves the right universally does so at any time.

It is the policy of TEXAS APARTMENT SERVICES to maintain a work place that is free of discrimination, including sexual harassment, and expect the full cooperation of all employees and client in maintaining a professional work environment at all times. Any employee, who believes he or she has been subjected to discrimination or sexual harassment. or has witnessed such conduct, must immediately notify a TEXAS APARTMENT SERVICES official. . Abusive behavior, verbal or non-verbal shall not be tolerated and I agree to report such behavior to TEXAS APARTMENT SERVICES official immediately. It is recommended that complaints be submitted to TEXAS APARTMENT SERVICES in writing to assist in the resolution of any complaint. It is our policy to investigate complaints promptly and to keep complaints and the result of the investigation confidential to the fullest extent practicable except to extend necessary and fully to investigate and to act on results with an investigation. There will be no retaliation against anyone for reporting discrimination or harassment. or cooperating with such an investigation.

Employee Signature

Date

TEXAS APARTMENT SERVICES

I _____ agree to be listed as a 1099 weekly contractor for Texas Apartment Services.

I understand I'm responsible for keeping my 1099 updated annually and filing my yearly tax payments.

I also understand I'm not eligible for unemployment benefits or accidental occupational insurance (workers compensation) through Texas Apartment Services.

Signature

Printed name of Signature

Date

Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.		I attest, under penalty of perjury, that I am (check one of the following): <input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A Lawful Permanent Resident (Alien # A _____) <input type="checkbox"/> An alien authorized to work until ___/___/___ (Alien # or Admisstion #) _____	
Employee's Signature			Date (month/day/year)

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s)

List A	OR	List B	AND	List C
Document title: _____	OR	_____	_____	_____
Issuing authority: _____		_____	_____	_____
Document #: _____		_____	_____	_____
Expiration Date (if any): ___/___/___		___/___/___	___/___/___	___/___/___
Document #: _____		_____	_____	_____
Expiration Date (if any): ___/___/___	_____	_____	_____	_____

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) ___/___/___ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name	Address (Street Name and Number, City, State, Zip Code)	
Texas Apartment Services	2225 E Randol Mill #203 Arl, TX-76011	
		Date (month/day/year)

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.	
Document Title: _____	Document #: _____ Expiration Date (if any): ___/___/___
I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.	
Signature of Employer or Authorized Representative	Date (month/day/year)

Form W-4 (2007)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2007 expires February 16, 2008. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$850 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on

itemized deductions, certain credits, adjustments to income, or two-earner/multiple job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax

for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners/Multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others.

Nonresident alien. If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2007. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for **yourself** if no one else can claim you as a dependent **A** _____

B Enter "1" if:
 • You are single and have only one job; or
 • You are married, have only one job, and your spouse does not work; or
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less. **B** _____

C Enter "1" for your **spouse**. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) **C** _____

D Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return **D** _____

E Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above) **E** _____

F Enter "1" if you have at least \$1,500 of **child or dependent care expenses** for which you plan to claim a credit **F** _____
 (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G Child Tax Credit (including additional child tax credit). See Pub 972, Child Tax Credit, for more information.
 • If your total income will be less than \$57,000 (\$85,000 if married), enter "2" for each eligible child.
 • If your total income will be between \$57,000 and \$84,000 (\$85,000 and \$119,000 if married), enter "1" for each eligible child plus "1" **additional** if you have 4 or more eligible children. **G** _____

H Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶ **H** _____

For accuracy, complete all worksheets that apply.
 • If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
 • If you have **more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married) see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
 • If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
Department of the Treasury Internal Revenue Service		▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		2007
1 Type or print your first name and middle initial.		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)				5 _____
6 Additional amount, if any, you want withheld from each paycheck				6 \$ _____
7 I claim exemption from withholding for 2007, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here				7 _____

Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature
 (Form is not valid unless you sign it.) ▶

Date ▶

8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)
Texas Apt. Services 2225 E. Randol Mill Rd. #203 Arlington, TX-76011	33	1112324

Request for Taxpayer Identification Number and Certification

Give form to the
 requester. Do not
 send to the IRS.

Print or type
 See Specific Instructions on page 2.

Name (as shown on your income tax return)	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	
<input type="checkbox"/> Exempt from backup withholding	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number								
or								
Employer identification number								

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here	Signature of U.S. person ▶	Date ▶
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Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,