

PLEASE NOTE: WE CANNOT PROCESS YOUR PAYCHECK UNLESS ALL INFORMATION IS COMPLETED!
ATENCIÓN POR FAVOR: NOSOTROS NO PODEMOS PROCESAR SU CHEQUE AL MENOS QUE TODA LA INFORMACIÓN ESTE COMPLETA!



APARTMENT STAFFING APPLICATION FOR EMPLOYMENT

CIÓN PARA EMPLEO

Date: _____
Fecha

PERSONAL INFORMATION

INFORMACIÓN PERSONAL

Name Nombre			Social Security Number Número de Seguro Social		
Last Apellido Paterno	First Primer nombre	Middle Segundo Nombre			
Present Address Dirección Actual			City Ciudad	State Estado	Zip Código Postal
Street Calle					
Cellular Telephone Number (____) _____ Número Telefónico			Home (____) _____		Do you have the legal right to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No Tienes Permiso Legal de Trabajar en EUA? Si No
Position Applying For Posición para la que esta Aplicando			Shift Turno		
Have you ever been employed by Expert Staffing? If so, when? _____ Has trabajado antes para Expert Si tu respuesta fue Si, cuando y donde?					

Expert Apartment Staffing offers equal employment opportunities regardless of sex, age, race, color, religious creed, national origin, ancestry, medical status, medical condition, physical or mental disability, pregnancy or sexual orientation.

Expert Staffing ofrece oportunidades de empleo para todos igual, sin importar sexo, edad, raza, color, religión, nacionalidad, ascendencia, estado medico, condición medica, inhabilidad física o mental, embarazo u orientación sexual.

Do you have a Driver's License or ID ? <input type="checkbox"/> Yes <input type="checkbox"/> No		Issuing state, _____		Is your license current? _____	
Tienes Licencia para Manejar?		Si No En que Estado la obtuviste?			
Driver's License or ID #: _____		Has your License ever been revoked or suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Numero de Licencia de Manejo		Te han revocado o suspendido tu Licencia anteriormente?		Si No	
If yes, state reasons, date of revocation or suspension and date of reinstatement. _____ Si tu respuesta fue Si, escribe las razones y fecha de la revocación o suspensión					
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Tienes por lo menos 18 años?		Si No			
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Or received differred adjudication?		YES _____ NO _____	
Has estado condenado por un crimen (por más de dos años -)?		O recibí otras adjudicaciones		Si No	
If yes, state date, location and disposition of the case. _____ Si tu respuesta es Si, escribe fecha, locacion y disposición del caso.					
(Disclosure will not necessarily bar employment.) (Con su declaración no necesariamente impedirá obtener un Empleo)					
If hired, can you provide written evidence that you are authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Si es contratado, puede comprobar con papeles que esta autorizado a trabajar en USA?		Si No			
Are you eligible to perform the essential functions of the position for which you are applying either with or without reasonable accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Eres elegible para desempeñar las funciones esenciales para la posición en la cual estas aplicando, ya sea con o sin alojamiento razonable?					

PLEASE REVIEW THE FOLLOWING BEFORE SIGNING THIS APPLICATION FOR EMPLOYMENT.
FAVOR DE REVISAR LO SIGUIENTE ANTES DE FIRMAR ESTA APLICACIÓN DE EMPLEO.

I authorize any representative of Expert to investigate my background, including but not limited to, references, education and work history. I authorize the above and any other individual or entity that may possess information about my background to provide full disclosure without prior notice to me. I release all of the above from any and all liability for damage of any kind that may at any time result to me because of compliance with this authorization to release information.

Yo autorizo al representante de Expert para investigar mis antecedentes, incluyendo pero no limitado a las referencias, educación e historial de trabajo. Yo autorizo lo arriba mencionado y cualquier otro individuo que posee información sobre mis antecedentes para que provee toda la información sin teneme que avisar con anterioridad. Yo libero a todos lo mencionados anteriormente en el párrafo de arriba de cualquier o toda la responsabilidad por cualquier clase de danos que en cualquier momento pudiera resultarme a razón del cumplimiento de esta autorización que es la liberación de información.

I understand that any employment with Expert is at will, and can be terminated at any time with or without cause.

Yo entiendo que cualquier empleo con Expert es con mi consentimiento, y puede ser terminado en cualquier momento con o sin causa alguna.

I understand that any falsification of this or any Expert document may result in failure to receive an offer or if hired, dismissal from employment. I understand that any offer may be conditional on the successful completion of medical or drug testing.

Yo entiendo que cualquier falsificación de este o cualquier otro documento con Expert podrían dar como resultado a la falla de recibir una oferta de empleo o despido del empleo. Yo entiendo que cualquier oferta será condicional al completo y favorable resultado del examen medico de la prueba de drogas.

Signature of Applicant: _____ Date: _____
Firma del Solicitante Fecha

IMPORTANT: THIS SECTION MUST BE FULLY COMPLETED BY CLIENT TO BE PROCESSED

IMPORTANTE: ESTA SECCION DEBERA SER COMPLETADA POR EL CLIENTE PARA QUE SE PROCESE

Date of Hire: _____ Fecha de Contratación		Job Position Title: _____ Titulo de la Posición		W/C Code: _____ Código de la Compensación de Trabajadores	
Salary <input type="checkbox"/> Salario	Rate of Pay: _____ Pago	Full Time <input type="checkbox"/> Tiempo Completo	Part Time <input type="checkbox"/> Medio Tiempo	Exempt <input type="checkbox"/> Exento	Non-exempt <input type="checkbox"/> No- Exento
Hourly <input type="checkbox"/> Por Hora	Rate of Pay: _____ Pago	Full Time <input type="checkbox"/> Tiempo Completo	Part Time <input type="checkbox"/> Medio Tiempo	Exempt <input type="checkbox"/> Exento	Non-exempt <input type="checkbox"/> No- Exento

FORMER EMPLOYERS

EMPLEOS ANTERIORES

List below the last three employers, starting with the most recent one first.

Lista debajo los últimos 3 empleos que tuviste, empezando con el más reciente primero.

Name of Present or Last Employer: _____
 Nombre del Presente o Último Empleador

Address: _____ City _____ State _____ Zip _____
 Dirección Ciudad Estado Código postal

Starting Date: _____ Leaving Date: _____ Job Title: _____
 Fecha de Comienzo Fecha de Separación Título de trabajo

Weekly Starting Salary: _____ Weekly Final Salary _____ May we contact your Supervisor: _____
 Inicial Salario Semanal Final Salario Semanal Podemos contactar a su Supervisor?

Name of Supervisor: _____ Title: _____ Phone: () _____
 Nombre del Supervisor Título Número telefónico

Description of Work: _____
 Descripción del Trabajo

Reason for Leaving: _____
 Razón de la separación

Name of Present or Last Employer: _____
 Nombre del Presente o Último Empleador

Address: _____ City _____ State _____ Zip _____
 Dirección Ciudad Estado Código postal

Starting Date: _____ Leaving Date: _____ Job Title: _____
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Reason for Leaving: _____
 Razón de la separación

Name of Present or Last Employer: _____
 Nombre del Presente o Último Empleador

Address: _____ City _____ State _____ Zip _____
 Dirección Ciudad Estado Código postal

Starting Date: _____ Leaving Date: _____ Job Title: _____
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 Nombre del Supervisor Título Número telefónico

Description of Work: _____
 Descripción del Trabajo

Reason for Leaving: _____
 Razón de la separación

One or more of the following conditions met by an employee constitutes a voluntary quit without good cause connected.

- 1) Failure to call Expert Staffing at assignments end with notification of availability
- 2) Failure to call in availability atleast 3 times weekly when not on an assignment
- 3) Failure to notify Expert Staffing with a change of address or phone number
- 4) Failure to accept suitable work
- 5) Failure to notify a representative of Expert Staffing if employee is going to be late, absent, or requesting to leave an assignment early (notifying the property is not sufficient notification).
- 6) Receipt of an unemployment claim is also a notice of voluntary quit.

BY SIGNING BELOW EMPLOYEE CONFIRMS RECEIPT OF EXPERT APARTMENT STAFFING "WELCOME NEW EMPLOYEE" HANDBOOK AND UNDERSTANDS ALL POLICIES AND PROCEDURES OF OUR AGENCY.

EMPLOYEE SIGNATURE: _____ DATE: _____ WITNESS INITIALS _____

Form W-4 (2014)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

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 2008 expires February 16, 2009. See Publication 505, Tax Withholding and Estimated Tax. Check your withholding. After your Form W-4 takes effect, use Publication 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2008. See Publication 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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. See Publication 501, Exemptions, Standard Deduction, and Filing Information, for information.

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 Publication 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

Two earners or 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. See Publication 919 for details.

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 Publication 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2008. See Publication 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 <ul style="list-style-type: none"> You are single and have only one job You are married, have only one job, and your spouse does not work; Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 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. (Note. Do not include child support payments. See Publication 503, Child and Dependent Care Expenses, for details.)	F
G	Child Tax Credit, (including additional child tax credit). See Publication 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> If your total income will be between \$58,000 and \$84,000 (\$86,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have 4 or more eligible children. If your total income will be less than \$58,000 (\$86,000 if married), enter "2" for each eligible child. 	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.	<ul style="list-style-type: none"> 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.
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Cut here and give Form W-4 to your employer. Keep the top part for your records.

OMB No. 1545-0074 W-4 Form Department of the Treasury Internal Revenue Service 2014	Employee's Withholding Allowance Certificate 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	
Type or print your first name and middle initial.	Last name	Your social security number
Home address (number and street or rural route)	<input type="checkbox"/> Married <input type="checkbox"/> Single <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	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.	
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 2008, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> 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

EMPLOYEE ACKNOWLEDGMENT FOR WORKERS' COMPENSATION PROCEDURES

Expert Staffing is involved with a wide variety of Medical Providers for Workers' Compensation. This helps provide the most timely and suitable, quality medical care in the event of an injury on the job. Mercer requires post-accidents drug testing. If an employee is clinically tested and the results are positive, the employee will be terminated.

The following procedures must be followed for all work related injures and illnesses.

- 1) Report promptly all work-related injuries to your supervisor. Your supervisor will direct you to the nearest authorized Occupational Medical Provider.
- 2) If it is a medical emergency, get medical care immediately, then notify your supervisor.
- 3) Complete a Workers' Compensation Injured Employee Packet within 24 hours of the time of the injury.
- 4) Take post injury drug screen at the clinic.
- 5) After treatment, you must bring back to your supervisor the paperwork given to you at the clinic. This will normally include the Doctor's Report with any Work Restrictions and Documentation that you did take a Drug Test.
- 6) If Employee does not pass the drug screen, Expert Personnel Solutions will not be responsible for any charges incurred.

Please sign below to indicate that you have read and understand the procedures to follow in the event of an injury.

Expert Staffing esta envuelto con una variedad amplia de proveedores médicos para la compensación de los trabajadores. Esto ayuda a proporcionar la más oportuna y conveniente asistencia médica de calidad en el acontecimiento del accidente de la lesión en el trabajo. Mercer requiere la prueba de la droga después de ocurrido el accidente. Si se le hace la prueba clínica a un empleado y los resultados son positivos, el empleado será despedido.

Los siguientes procedimientos deberán seguirse para todos los accidentes y enfermedades relacionadas con el trabajo.

- 1) Reporta pronto todos los accidentes relacionados con el trabajo a su supervisor. Su supervisor lo dirigirá al proveedor medico autorizado mas cercano posible.
- 2) Si es una emergencia medica, inmediatamente obtenga asistencia médica, y después notifique a su supervisor.
- 3) Llene las formas del paquete de lesiones de la Compensación de los Trabajadores en un plazo de 24 horas del tiempo en que ocurrió el accidente.
- 4) Hágase una prueba de drogas en la clínica.
- 5) Después del tratamiento, usted deberá traer a su supervisor la papelería que le dieron en la clínica. Estos papeles normalmente incluyen el reporte del Doctor con las restricciones del trabajo y la documentación donde prueba que usted se hizo en la clínica la prueba de las Drogas.

Favor de firmar en la parte inferior para indicar que usted ha leído y entendido los procedimientos a seguir en el caso que le pase un accidente.

Please sign below to indicate that you have read and understand the procedures to follow in the event of an injury.

Employee Name

Social Security Number

Employee Signature

Date

Company Name

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Employee Emergency Information

Employee Name: _____ Social Security: _____

Address: _____

Home Telephone: _____ Mobile Telephone: _____

In case of an emergency, please contact:

Name _____ Relationship _____

Address _____

Phone Number _____

Name _____ Relationship _____

Address _____

Phone Number _____

I authorize one of the individuals named above to seek emergency treatment for me.

I am allergic to the following medications:

Signed

Date

This form is to be retained at the client site for referral in case of an emergency.



APARTMENT STAFFING

PHONE 972-792-8367

FAX 972-792-8366

DIRECT DEPOSIT

Direct Deposit Authorization

New Change Cancel

I am not interested in Direct Deposit at this time

Employee Name: _____ Dept: _____

Social Security Number: _____

CHECKING Account Number _____ Amount \$ _____

Routing Number _____

Bank Name _____

SAVINGS Account Number _____ Amount \$ _____

Routing Number _____

Bank Name _____

***Prenote: Expert Apartment Staffing Banks exclusively with Comerica Bank. There are many benefits to our employees for opening up a direct bank account with Comerica. Please see a representative at the Comerica Bank in our building if you would like to take advantage of these opportunities.

Employees have the option of splitting their check between checking and savings. Money Market accounts may or may not accept direct deposit. It is the employee's responsibility to check with their bank first before submitting these account numbers.

I authorize Expert Apartment Staffing to make deposits to the Bank account named above. In the unlikely event of a deposit error, I authorize Expert Staffing to make adjustments to correct the error.

Signature: _____ Date: _____

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**U.S. Department of Justice
 Immigration and
 Naturalization**

**OMB No. 1115-0136
 Employment Eligibility
 Verification**

Please read instructions 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			
Address (Street Name and Number) Apt. #		Date of Birth (month/day/year)	
City, State ZIP	Social Security Number		
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 <input type="checkbox"/> An alien authorized to work	
Employee's signature		Date	

Preparer and/or Translator Certification. (To be completed and signed if Section I 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 Signature	Print Name
Address	Date

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:				
Issuing Authority:				
Expiration Date:				
Document Number:				

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 Preparer	Print name Darla Majka	Title Owner
Business or Organization Name Expert Personnel Solutions	Address 811 S. Central Expressway Suite 230 Richardson, Tx 75080	Date

Section 3. Updating and Reverification. To be Completed by Employer

A. New Name (if applicable)	B. Date of rehire
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 Number:
	Expiration Date:

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 relate to the individual.

Signature of Employer or Authorized Representative:	Date:
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