



EMPLOYEE#: _____

SALARY: _____

PROFESSIONAL STAFFING

POSITION APPLIED FOR: LEASING/ ASSISTANT MANAGER I MANAGER I CONCIERGE/ VALET/ LEAD MAINTENANCE/ ASSISTANT MAINTENANCE/ MAKE-READY/ PORTER/ HOUSEKEEPER

Date: _____ S.S.#: _____ / _____ / _____ DL/ID#: _____

Full Name: _____
First Middle LastAddress: _____
Street Apt. #

City State Zip Code

Cell#: (_____) _____ How did you hear about Sterling?: _____

Emergency Contact #: (_____) _____ Name: _____

Have you ever been convicted? Yes _____ No _____ Explain _____

Transportation: Car Bus Other Do you have gauges? Yes _____ No _____ Do you have your own tools? Yes _____ No _____

E-mail: _____ What part(s) of town do you want to work in? _____

Are you bilingual? Yes _____ No _____ What language? _____ **Direct Deposit Set Up? Yes _____ No _____

EMPLOYMENT HISTORY

FROM	TO	COMPANY NAME AND ADDRESS	SALARY	SUPERVISOR NAME/ PHONE NUMBER	DUTIES	REASON FOR LEAVING

EDUCATION

HIGH SCHOOL, COLLEGE, VOC	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU COMPLETE?	DATE COMPLETED	REASON NOT COMPLETED

STERLING PERSONNEL DOES NOT REQUIRE A PRE-EMPLOYMENT DRUG SCREEN; HOWEVER, CLIENT COMPANIES MAY REQUIRE THAT AN APPLICANT TAKE AND PASS A DRUG SCREEN. TO ENSURE A SAFE WORKPLACE FOR ALL EMPLOYEES, ANY EMPLOYEE INVOLVED IN AN ON THE JOB INJURY WILL BE REQUIRED TO TAKE AND PASS A DRUG SCREEN IMMEDIATELY. FAILURE TO COMPLY WITH ANY PART OF THIS POLICY WILL RESULT IN TERMINATION OF EMPLOYMENT. COPIES OF OUR DRUG POLICY ARE AVAILABLE AT ANY STERLING OFFICE.

SKILLS	YRS/MO	SKILLS	YRS/MO	PROGRAMS	YRS/MO	CERTIFIED	YES/NO
Cleaning		Leasing		Rent Roll		HVAC	
Painting		Asst. Manager		Yardi		EPA	
Electrical		Manager		Onesite or E-site		Pool	
Plumbing		Asst. Maintenance		AMSI		Universal	
Make Ready		Maintenance Super.		MRI		Type 1	
Tile		Tax Credit		Blue Moon		Type 2	

One or more of the following conditions made by an employee constitutes a voluntary quit without good cause connected to work:

1. Failure to call Sterling at assignment's end with notification of availability.
2. Failure to call in for availability at least 3 times weekly when not on an assignment.
3. Failure to notify any Sterling office with a change of address or phone number.
4. Failure to accept suitable work (pay, qualifications, location) more than twice.
5. Receipt of an unemployment claim is also a notice of voluntary quit.

Failure to comply with the above conditions may affect your eligibility for unemployment benefits.

If you accept any position with a client company in which Sterling Personnel has referred you to during the 12 months from the application date without notifying Sterling, it will be considered an automatic termination, and in addition an employment fee will be assessed to that client company.

*In submitting this application for employment, I authorize investigation of all statements contained herein, and it is understood and agreed that any misrepresentation (including omission of information) by me in this application will be sufficient cause for cancellation of this application and/or separation from the Company's service if I have been employed. Upon written request, additional information as to the nature and scope of this investigation, if one is made, will be provided. The Age Discrimination Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 54 years of age.

It is our corporate responsibility to promote equal employment opportunity to all employees and applicants for employment regardless of race, color, religion, national origin, physical and/or mental handicap, age, or sex. We shall pursue this course of action in all employment and pre-employment practices. All applications of employment will be retained for at least one year.

*This application will be considered current for a period of 120 days after it is filed. If you wish to be considered for employment after that period, you must renew your application in person and in writing.** AN EQUAL OPPORTUNITY EMPLOYER.

** If you are re-registering and have had direct deposit in the past it is still active unless otherwise cancelled.

Applicant's Signature _____ Interviewer's Initials _____

Form W-4 (2017)

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 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you aren't exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can 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 Pub. 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 Pub. 505 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. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

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 Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

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're single and have only one job; or • You're married, have only one job, and your spouse doesn't work; or • 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 \$2,000 of child or dependent care expenses for which you plan to claim a credit	F _____
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 \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" 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. { • 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 are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 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.	

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

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2017	
1 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 2017, 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 (This 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)	



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone 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 boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> QR Code - Section 1 Do Not Write In This Space </div>	

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code





Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		<div style="border: 1px solid black; padding: 5px;"> Additional Information </div>		<div style="border: 1px solid black; padding: 5px; text-align: center;"> QR Code - Sections 2 & 3 Do Not Write In This Space </div>
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ *(See instructions for exemptions)*

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized 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	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



PROFESSIONAL STAFFING

DRUG-FREE WORKPLACE POLICY

Sterling Personnel intends to provide a safe and drug-free work environment for our employees. With this goal in mind and because of the serious drug abuse problem in today's workplace, we are establishing the following policy for existing and future employees of Sterling Personnel.

The Company explicitly prohibits:

- The use, possession, solicitation for, or sale of narcotics or other illegal drugs, alcohol, or prescription medication without a prescription on Company premises or while performing an assignment.
- Being impaired or under the influence of illegal or alcohol away from the Company; if such impairment or influence adversely affects the employee's work performance, the safety of the employee or of others, or puts at risk the Company's reputation.
- Possession, use, solicitation for, or sale of legal or illegal drugs or alcohol away from the Company, if such activity or involvement adversely affects the employee's work performance, the safety of the employee or of others, or puts at risk the Company's reputation.
- The presence of any detectable amount of prohibited substances in the employee's system while at work, while on the premises of the company. "Prohibited substances" include illegal drugs, alcohol, or prescription drugs not taken in accordance with a prescription given to the employee.

The Company will conduct drug and/or alcohol testing under any of the following circumstances:

- **RANDOM TESTING:** Employees may be selected at random for drug and/or alcohol testing at any interval determined by Sterling Personnel.
- **FOR-CAUSE TESTING:** Sterling Personnel may ask an employee to submit to a drug and/or alcohol test at any time it feels the employee may be under the influence of drugs or alcohol, including, but not limited to, the following circumstances: evidence of drugs or alcohol on or about the employee's person or in the vicinity, unusual conduct on the employee's part that suggests impairment or influence of drugs or alcohol, negative performance patterns, or excessive and unexplained absenteeism or tardiness.
- **POST-ACCIDENT TESTING:** Any employee involved in an on-the-job accident or injury will be asked to submit to a drug and/or alcohol test prior to medical treatment of the injury.

If an employee is tested for drugs or alcohol and the results indicate a violation of this policy, or if an employee refuses a request to submit to testing under this policy, the employee may be subject to appropriate disciplinary action, up to and possibly including discharge from employment.

I, _____ hereby certify that I have read the policy regarding the maintenance of an alcohol/drug free workplace and I acknowledge this policy as a condition of employment.

Employee Printed Name: _____ Date: _____

Employee Signature: _____

Sterling
PROFESSIONAL STAFFING

I UNDERSTAND THE FOLLOWING TEMPORARY ASSIGNMENT GUIDELINES

1. By accepting a temporary assignment with Sterling Personnel, I am expected to commit to the entire length of the job. If I am aware of any situation that might prevent me from keeping this commitment, I should not accept this position. Should I choose to accept an offer for a permanent position while on assignment, I must notify Sterling Personnel immediately.
2. I will not take time off from a temporary assignment to interview. Interviews must be arranged after hours or, in prearranged instances only, during lunch breaks.
3. Some jobs may require a pre-employment drug test. If I accept one of these assignments, I agree to pay a fee of \$24.00 for a drug screen. The cost will be deducted from my first paycheck. If I do not show up for my assignment or test positive, I understand that I am responsible for the cost and it can be taken at any time during my employment with Sterling Personnel. If I test positive, I will be terminated.
4. I will maintain a professional image by arriving to work each day of the assignment on time, following the dress code for the assignment, not using business hours for phone calls and a to guidelines of each individual client company.
5. If I am unable to go to work at my scheduled time, I will call Sterling Personnel **immediately**.
6. I understand Sterling Personnel does not mail checks as a company policy. Should extenuating circumstances demand my check be mailed, I understand that if my check should become lost in the mail there is a **(60) day waiting period before the check is re-issued**.
7. If I walk off the job before the end of the shift or do not return to complete the job assignment without prior notice and approval from Sterling Personnel, it will be considered a voluntary quit or job abandonment. **As a result, my pay rate will immediately drop to minimum wage per hour for the remaining money owed to me**; I may also be terminated without eligibility for re-hire.
8. A drug screen is required for all injuries. In accordance with state law, a positive test result relieves Sterling Personnel from responsibility for any medical cost. Cost(s) incurred prior to the drug screen results will be deducted from my final check(s).
9. Every temporary employee is required to contact Sterling Personnel when their assignment with a customer ends. If the employee fails to contact the firm, the employee will be considered to have left work voluntarily without good cause connected to the work and unemployment benefits may be denied.

Employee Printed Name: _____ Date: _____

Employee Signature: _____

HOW TO GET PAID ON TIME

Paychecks will not be processed *unless* your timecard(s) are filled out properly.

TIMECARDS MUST HAVE THE FOLLOWING:

1. Be dated for each day worked.
2. Show hours worked each day.
3. Show name and address of property.
4. Show employee's printed name and signature.
5. Display social security number. (minimum of last 4 digits)
6. A representative of the client **must** sign your timecard.

**** Timecards must be received in our office by 12:00pm each Monday, in order to receive a check on the following Friday. If you fax in your timecard or someone faxes it for you, PLEASE CALL our office during business hours Monday or Tuesday to verify we received it and can read it. ****

IT IS YOUR RESPONSIBILITY TO MAKE SURE WE RECEIVE YOUR TIMECARD(S)

**** All paychecks will be available for pickup after 12:00pm on Fridays only. No exceptions! ****

Please follow these instructions carefully so you can be paid on time! ☺

My signature below acknowledges that I have read and understand all of the above instructions:

Printed Name

Signature

Date

COMO SE LES PAGA EN TIEMPO

Los cheques de pago no serán procesados a menos que sus tarjetas de tiempo son llenados correctamente.

TARJETAS DE TIEMPO DEBEN TENER LO SIGUIENTE:

1. La fecha cada día trabajado.
2. Muestre las horas trabajadas cada día.
3. Muestre el nombre y la dirección de la propiedad.
4. Muestre el nombre del empleado y firma.
5. Mostrar el número de seguro social. (Mínimo los 4 últimos dígitos)
6. Un representante del cliente debe firmar su tarjeta de tiempo.

**** Tarjetas de tiempo deben ser recibidas en nuestra oficina antes de las 12:00 pm todos los lunes con el fin de recibir un cheque el viernes siguiente. Si se envía por fax en su tarjeta de tiempo o alguien envía por fax para usted, POR FAVOR LLAME a nuestra oficina durante las horas de oficina, lunes o el martes para verificar que la recibimos y podemos leerlo. ****

ES SU RESPONSABILIDAD ASEGURARSE DE QUE RECIBIMOS SUS TARJETAS DE TIEMPO

**** Todos los cheques de pago estarán disponibles para que los recoja después de las 12:00 pm el solamente los Viernes. ¡Sin excepciones!****

Por favor, siga estas instrucciones con cuidado para que se le puede pagar a tiempo! ☺

Mi firma a continuación reconoce que he leído y entendido todas las instrucciones anteriores:

Nombre Impreso

Firma

Fecha



PROFESSIONAL STAFFING

RELEASE AND CONSENT FOR BACKGROUND INVESTIGATIONS

In consent with my possible assignment by Sterling Personnel, I hereby consent to Sterling Personnel conducting a personal background check and finger printing on myself. I understand the background check will involve an investigation of my personal background and the law and drug enforcement agencies, Department of Motor Vehicles, and other government agencies may be contacted and consulted for information concerning me. I am aware that I have a right to make a written request within a reasonable period of time to receive additional detailed information as to the nature and scope of the investigation.

I authorize any law enforcement agencies, including the Department of Motor Vehicles and other government agencies contacted by Sterling Personnel for criminal history records information to release information to Sterling Personnel. Criminal conviction record(s) does not necessarily disqualify an individual from employment with Sterling Personnel

I release Sterling Personnel, its' officers, agents, and employees from all liability resulting from the use of disclosure of the information obtained during the above investigation. I agree that Sterling Personnel may at its' sole discretion, deny my employment should it receive information from the investigation that it considers unsatisfactory.

I have read the RELEASE AND CONSENT FORM and understand all of its terms. I understand the following information will be used to conduct a background investigation.

Print Name: _____
(First) (MI) (Maiden or Other) (Last)

Current Address: _____
(Street Address) (Apt.) (City) (State) (Zip Code)

If less than 3 years at current address, please list a previous address:

Previous Address: _____
(Street Address) (Apt) (City) (State) (Zip Code)

Date of Birth: _____ Signature: _____

EMPLOYEE NON-DISCLOSURE AGREEMENT

I, _____, am an employee of Sterling Personnel, located at 5501 Lyndon B. Johnson Freeway, Suite 100, Dallas, Texas 75240, in exchange for being allowed to provide temporary service for clients of Sterling Personnel. I agree to hold in confidence any and all information disclosed to me concerning the business activities of said company and relating to any confidential information of any persons unless authorized by said company. The above includes employees not having a need to know whom I may encounter at a company or non-company location.

Employee Printed Name: _____ Date: _____

Employee Signature: _____



PROFESSIONAL STAFFING

Date: _____

I, _____, as an employee of **Sterling Personnel**, understand that if for some reason I am to get overpaid that a deduction will be made in full over two (2) payments depending on my supervisor.

If for any reason these deductions are not made during the time that I am still employed with **Sterling Personnel**, I do understand that if I am to reactivate anytime during the future, the overpayment deduction will be made at that time.

Sterling Personnel Representative

Sterling Personnel Employee

Date

A COPY OF YOUR DRIVER'S LICENSE AND SOCIAL SECURITY CARD WILL NEED TO BE ATTACHED TO THIS APPLICATION.

Dallas Office Information:

5501 Lyndon B. Johnson Freeway Suite 100, Dallas, Texas 75240
Phone (972) 404-0077 Fax (972) 404-0493

Hurst Office Information:

1241 Southridge Court Suite 100, Hurst, Texas 76053
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