

Temporary Temp to Hire or Direct Placement Agreement

Welcome to ABT Temporary Services, Inc. I would like to thank you for applying with our growing company. The purpose of this letter is to inform you of pertinent information as to how our services work.

You are required to fill out an application and we will check prior employment references and conduct a criminal background check. You should be notified within 5 days of the date your application as to the status of your background check. If you should have any questions please give us a call.

Once we have completed your background check, we call you and notify you of any openings we have that meet your qualifications and what you are looking for. We will give to you all the information available regarding the job and company. If at that time you are interested in the job we will forward your file to our client and request an interview for you to meet with them directly.

If we have an opening for any temporary assignments and you are interested in working for us as a temporary you will be asked at that time to fill out the w-4 and I-9 form and be given our employee handbook and other documents as necessary to get you set up.

If at any time you should have any questions about your resume that was submitted to any particular client, or inquiring how your interview with them went you must deal with ABT Temporary Services directly. Our clients will inform us directly if they are interested in hiring you. We will then inform you of that opportunity. **Please do not give a copy of your resume or references to our client we have already provided this to our clients directly.** After you interview with one of our clients you may send a thank you note to them for the interview. For a period of one year from the time we submit your resume to a prospective client or you have interviewed with a prospective client, you must inform us of any job offer and acceptance from the company, if you do not you may be charged a fee of \$1200.00 or more. There is no Guarantee that you will be placed directly with one our clients. **INITIALS** _____

Interview:

Once you have been informed of an opening or have interviewed with a property or management company, this information has to remain strictly confidential and not be shared with other parties, regardless of the fact if you are interested in the position or not. If you know of someone interested in the position, you need to direct them to ABT Temporary Services, Inc. directly and that person would need to apply and qualify for the position though ABT Temporary Services. If you do not and refer someone to that company/client, this will cause a conflict between all parties and you could be charged a fee of \$1200.00 or more depending on the situation and nature of the incident. **INITIALS** _____

We thank you again for applying and we look forward to working with you.

Print Name: _____

Signature: _____ Date: _____

Signature of ABT: _____ Date: _____

ABT Temporary Services, Inc.

Application for Employment

Please Print

Equal Opportunity Employer

Position(s) applied for: _____ Date of application: ____/____/____

Name: _____
 First Middle Last

Address: _____
 Street City State Zip

Home phone: (____) _____ Cell phone: (____) _____

If you are under 18, and it is required, can you furnish a work permit? Yes No
 Have you ever been employed here before? If yes, give dates and positions _____ Yes No
 Are you legally eligible for employment in this country? Yes No
 Date available for work.....____/____/____ What is your desired salary range?\$ _____
 Type of employment desired Full-Time Part-Time Temporary Temp to Hire
 Are you able to meet the attendance requirements of the position? Yes No
 Have you ever pled "guilty", "found guilty" or "no contest" to, or been convicted of a felony? Yes No
 If yes, please provide date(s) and details _____

Answering, "yes" to these questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Employment History – YOU MUST HAVE THIS SECTION FILLED OUT COMPLETELY INCLUDING CORRECT CONTACT PHONE NUMBERS. YOU MAY NOT PUT SEE RESUME.

Starting with your most recent employer provide the following information.

#1 Company Name	Date of employment: From: _____ To: _____
Job title:	Address: _____
Supervisor:	Compensation: <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ Bonus: _____
Phone Number:	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
Reason for leaving:	Duties: _____
#2 Company Name	Date of employment: From: _____ To: _____
Job title:	Address: _____
Supervisor:	Compensation: <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ Bonus: _____
Phone Number :	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
Reason for leaving:	Duties: _____
#3 Company Name	Date of employment: From: _____ To: _____
Job title:	Address: _____
Supervisor:	Compensation: <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ Bonus: _____
Phone Number:	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
Reason for leaving:	Duties: _____
#4 Company Name	Date of employment: From: _____ To: _____
Job title:	Address: _____
Supervisor:	Compensation: <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ Bonus: _____
Phone Number:	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
Reason for leaving:	Duties: _____

Skills and Qualifications

Rent Roll Yardi AMSI Skyline CCS One Site HUD Manager Other: _____

Please check off what type of subsidy programs you may have used. Only check the ones you have used and not just familiar with.

Market Rate SRO's Co-Op's Sec 8 Sec 811 (people w/ disabilities) Project Based Sec 8

Sec 236 Multifamily Housing Sec 236 RAP Sec 202 for seniors and people w/ disabilities PRAC

(LIHTC) Federal Low-Income Housing Tax Credit Sec 42 Tax Credit (Senior or Family or both) _____

Please list any other type of subsidy programs used not mentioned above: _____

Training skills, licenses and or certifications:

TCS (Tax Credit Specialist), RIM (Rental Integrity Monitoring), COS (Certified Occupancy Specialist)

Sales or Leasing Licensed, CPM (Certified Property Manager), CAM (Certified Apartment Manager)

ARM (Accredited Residential Manager), NALP (National Apartment Leasing Professional),

CAPS (Certified Apartment Property Supervisor)

Other not listed above: _____

Educational Background (if job related)

School (Include city and state)	Years Completed	Level of Completion	Course of Study

References

Name	Title	Relationship to Candidate	Telephone	# of Years Known
			()	
			()	

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I expressly authorize, without reservation the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other person, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law. I understand that the application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor, representative or client of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president. I also understand that if I am hired, I will be required to provide proof of identity and legal authority to working in the United States and that federal immigration law require me to complete an I-9 form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) cancel further consideration of this application or (2) immediately discharge me from the employer's service, whenever it is discovered.

Do not sign until you have read the above statements. I certify that I have read, fully understand and accept all terms above.

Signature of Applicant: _____ Date: ____/____/____

AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

In connection with, and duration of my employment (including contract for services) application, I understand that investigative background inquires are to be made on myself including consumer, criminal, driving, and other reports. These reports will include information as to my character, mode of living, work habits, performance and experience along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information from various federal, state and other agencies which maintain records public and non-public concerning my past activities relating to my driving, credit, landlords, civil and other experiences as well as claims involving me in the files of insurance companies.

I authorize, without reservation, any party or agency contacted by ABT Temporary to furnish the above-mentioned information: The Authorization and Release gives your permission to ABT Services, Inc. or its' designated agent or employees to conduct the background investigation on behalf of this company. All information will be proprietary and kept as confidential as practicable. The information obtained by this company will not be provided to any parties other than this company.

I, the undersigned, do hereby certify that the information provided by me in my employment application in verbal discussions relating to my consideration for employment, is true and complete to the best of my knowledge. I hereby authorize, or its designated agent to: (1) investigate the truthfulness of all my statements made on my application or resume, or verbal statements made by me in the interview process; (2) conduct any verification of my education, employment, personal, credit, and motor vehicle records, and to receive any criminal conviction history record information relating to me which may be on file with any local, state, or federal criminal justice agencies; and (3) disclose verbally or in writing the results of any investigation with authorized employees or agents of this company, involved in the hiring, or rental process. Further, I authorize the procurement of any other information, which relates to my background, character, and personal reputation, which may be deemed relevant to my employment, or rental application in accordance with state and federal laws.

I have read and understand this Authorization and Consent. The original, copy or fax of this document serves as my valid authorization to any and all persons, educational institutions, past and/or current employers, landlords, organizations, credit agencies, law enforcement or criminal records agencies, and other agencies to release information about me to this company, or its designated agent, and hereby release and hold harmless all such persons, institutions, agencies, employers, and organizations providing such information from liability and any or all claims and damages connected with providing any requested information.

I further release ABT Temporary, ABT Services, Inc., their officers, agents, affiliates, employees and servants from any liability arising from this background investigation. I authorize any party or agency contacted to furnish the above-mentioned information and voluntarily waive all recourse and release the party or agency from liability for complying with this authorization.

Please print all information and list addresses for the last 7 years: *The date of birth is being requested in order to obtain accurate retrieval of records.

Last Name: _____ **First:** _____ **Middle:** _____ **Alias:** _____

Current Address: _____ **How Long:** _____

City: _____ **State:** _____ **Zip:** _____ **County:** _____

Previous Address: _____ **How Long:** _____

City: _____ **State:** _____ **Zip:** _____ **County:** _____

Previous Address: _____ **How Long:** _____

City: _____ **State:** _____ **Zip:** _____ **County:** _____

_____/_____/_____
Date of Birth* **Social Security Number** **Drivers License #** **(State) Expiration**

Signature: _____, **Date:** ____/____/____

____ California, Minnesota & Oklahoma Applicants Only: Please check here to have a copy of your consumer report sent directly to you by ABT at the address listed above. Notice to CA applicants only: Under section 1786.22 of the CA civil code, you have the right to request to ABT Services, upon proper identification, the nature and substance of all information in its files on you, including the sources of information, and the recipients of any reports on you which ABT has preciously furnished within the 2 yr period preceding my request. You may view the file maintained on you by ABT during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services. Upon making a written request, you may receive a summary of your report via telephone.