



**Penn Apartment Staffing, LLC  
PRE-APPLICATION QUESTIONNAIRE**

\_\_\_\_\_  
Name – Please Print

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone number

What job(s) are you applying for?

\_\_\_\_\_

What is your expected pay rate?

\_\_\_\_\_

How did you hear about Penn Apartment Staffing?

\_\_\_\_\_

Are you willing to take a drug screen according to our policy?

☐

Yes

☐

No

Will you release your background information inclusive of criminal records?

☐

Yes

☐

No

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Penn Apartment Staffing, LLC

### NOTICE TO JOB APPLICANTS

I hereby authorize **Penn Apartment Staffing, LLC** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment purposes. PLEASE complete all requested information.

APPLICANTS NAME: \_\_\_\_\_  
Last Name First Name Middle Name

OTHER NAMES USED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street Apt.# City State Zip

DRIVER LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_ D.O.B: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

It is possible that your employment may be determined in whole or part using data from a report supplied by: **PublicData.com and/or Backgroundchecks.com**

I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas:

***Verification of social security number; current and previous residences; employment history including all personnel files; education including transcripts; character references; credit history and reports; criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; birth records; motor vehicle records to include traffic citations and registration; and any other public records or to conduct interviews with third parties relative to my character, general reputation, personal characteristics or mode of living.***

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me to **Penn Apartment Staffing, LLC** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release **Penn Apartment Staffing, LLC**, the Social Security Administration, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



# Penn Apartment Staffing

## APPLICATION FOR EMPLOYMENT

### Personal Information

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street) (Apt) (City) (State) (Zip)

Mailing Address: \_\_\_\_\_  
(Street) (Apt) (City) (State) (Zip)

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Have you ever been convicted of a felony?

**Please Circle:** Yes No

Do you have a legal right to work in the United States?

**Please Circle:** Yes No

If yes, please explain: \_\_\_\_\_ Transportation: Car Bus Other

\_\_\_\_\_

### Education

	Name and location	Circle last year completed	Did you graduate?	Subjects studied
High School		9 10 11 12		
College		1 2 3 4 5		
Graduate School		1 2 3 4		
Trade, Business or Correspondence School		1 2 3 4		

Do you have any professional or vocational licenses/certifications that relate to the position for which you are applying? \_\_\_\_\_

If yes, please describe below:

Type of license or certification:	Date Issued / Date Expires	License Number

Do you have any training or special skills relative to the positions for which you are applying? If so, please include your skill level and/or years of experience.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Employment History

### 1. Most Recent Employer

Name of Company: \_\_\_\_\_ Dates: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Supervisor: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

Position: \_\_\_\_\_ Pay Rate: \_\_\_\_\_ Circle One: Hourly Weekly Monthly

Why did you leave? \_\_\_\_\_

### 2. Employer

Name of Company: \_\_\_\_\_ Dates: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Supervisor: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

Position: \_\_\_\_\_ Pay Rate: \_\_\_\_\_ Circle One: Hourly Weekly Monthly

Why did you leave? \_\_\_\_\_

### 3. Employer

Name of Company: \_\_\_\_\_ Dates: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Supervisor: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

Position: \_\_\_\_\_ Pay Rate: \_\_\_\_\_ Circle One: Hourly Weekly Monthly

Why did you leave? \_\_\_\_\_

### Additional Professional References – Please List 3

Name of Person: \_\_\_\_\_ Name of Company: \_\_\_\_\_

Position/Title of Reference: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

Name of Person: \_\_\_\_\_ Name of Company: \_\_\_\_\_

Position/Title of Reference: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

Name of Person: \_\_\_\_\_ Name of Company: \_\_\_\_\_

Position/Title of Reference: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

**REAL ESTATE / APARTMENT INDUSTRY EXPERIENCE (OFFICE)**

Name: \_\_\_\_\_

**Please mark an X in the box of any of the following that apply to you.****Availability:**

I will work any day of the week ☐ AD1  
 I will work Mon - Fri ☐ AD7  
 I will work weekends ☐ AE1

**Languages (select all that apply):**

I am bilingual ☐ AF9  
 I speak Spanish ☐ AF1  
 I speak French ☐ AF2  
 I speak German ☐ AF3  
 I speak Japanese ☐ AF4  
 I speak another foreign language ☐ AF5

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No habla Ingles ☐ AF6

**Transportation:**

I have my own transportation ☐ AO4  
 I utilize Public Transportation ☐ AO9

**Property Type Experience (select all that apply):**

A, B & C Properties (All types) ☐ BA4  
 A Property ☐ BA1  
 B Property ☐ BA2  
 C Property ☐ BA3  
 Lease Up Property ☐ BA7  
 High Rise Multi-Family ☐ BA5  
 Major Rehab or Renovations ☐ BB1  
 HUD/Subsidized Housing ☐ BB3  
 Tax Credit Experience ☐ BB4  
 Senior Living ☐ BO5

**Work Experience (select all that apply):**

Apartment Manager ☐ XK1  
 Assistant Manager ☐ XL1  
 Leasing Director ☐ XM2  
 Leasing Consultant ☐ XM1  
 Admin Assistant ☐ XD1  
 Receptionist ☐ XA1  
 Data Entry ☐ XE1  
 Bookkeeping ☐ EC6  
 A/P-A/R-Payroll ☐ XF3

**Licenses /Certifications (select all that apply):****We will need copies of any licenses/certifications.**

CAM ☐ CA1  
 PLP/NALP ☐ CB1  
 Fair Housing Compliance ☐ CB2  
 ARM ☐ CA3  
 CAPS ☐ CC1  
 CPM ☐ CC2  
 Real Estate Broker License ☐ CD1  
 Real Estate Salesman License ☐ CD2  
 CAM-T ☐ CM1

**Property Management On-Site Software (select all that apply):**

AMSI – Expert ☐ EB8  
 AMSI – Some ☐ EB3  
 Rent Roll – Expert ☐ EB9  
 Rent Roll – Some ☐ EB4  
 Real Page – Expert ☐ EBC  
 Real Page – Some ☐ EBD  
 Yardi – Expert ☐ EC0  
 Yardi – Some ☐ ECA  
 Blue Moon – Expert ☐ EC9  
 Blue Moon – Some ☐ EC8  
 ResMan – Expert ☐ EB5  
 ResMan – Some ☐ EC7  
 OneSite – Expert ☐ EB7  
 OneSite – Some ☐ EB6  
 Entrata – Expert ☐ EC1  
 Entrata – Some ☐ EC2  
 Rent Manager – Expert ☐ EC3  
 Rent Manager – Some ☐ EC4  
 YieldStar – Expert ☐ EC5  
 YieldStar – Some ☐ EC6  
 Rent Café – Expert ☐ ECB  
 Rent Café – Some ☐ ECC

**Computer/Software Skills (select all that apply):**

MS Word ☐ LK6  
 MS Excel ☐ LD6  
 MS PowerPoint ☐ LF2  
 Access ☐ LF7  
 MS Outlook ☐ LF6  
 Quickbooks ☐ PB7



Penn Apartment Staffing  
10300 N Central Expressway, Suite 520  
Dallas, TX 75231  
972-426-7070

## **Pay Reduction Agreement**

Your agreement to the following is a condition of your employment with Penn Apartment Staffing ("Penn").

When you accept an assignment by Penn to one of its clients, Penn expects you to be at the client's location on time and to be prepared to focus on your job for the entire work shift, unless you provide suitable documentation, in Penn's sole discretion, of an emergency.

In any of the following events occur while you are on assignment by Penn, you hereby agree and consent to Penn reducing your rate of pay for the entirety of that particular workweek to the then current federal minimum wage rate:

- If you leave for lunch and do not return.
- If you leave the location prior to your scheduled end of the workday without authorization or approval of your supervisor.
- If you are a no-show / no-call on any day of the assignment.

If you have worked more than 40 hours during the workweek of the infraction, you will be paid overtime pay in accordance with federal law but it will be calculated utilizing the reduced pay amount as will the regular rate of pay for that workweek.

Finally, Penn retains the right to terminate your employment or terminate the assignment to its client at any time for any reason or no reason. Please remember that you represent Penn Apartment Staffing while you are on assignment. We expect you to conduct yourself in a professional manner at all times.

You will not be allowed to comment work with Penn unless you sign and date the signature block below.

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Employee Signature

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Date

Penn Apartment Staffing



## Certification, Consent and Authorization

Please Read

In submitting this application for employment, I authorize investigation of all statements contained herein. I state that the information provided to you in this application is true and complete. I understand and agree that any misrepresentation (including omission of information) by me in this application will be sufficient cause for cancellation of the application and/or for separation from Penn Apartment Staffing.

I understand that if accepted for employment, I will be on Penn's payroll at your clients' location. I understand that any information obtained while working for Penn's clients will be kept confidential. **It is agreed that I will obtain permission from Penn Apartment Staffing before discussing any permanent opportunities with your client.**

**I also agree to call or text the Penn Apartment Staffing office between the hours of 8am-9am following completion of my assignment to make myself available for work. If I fail to do so, Penn Apartment Staffing may assume that I am not available for work, that I voluntarily quit and that unemployment benefits may be denied.**

Applicant Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Acknowledgement of Employment Guidelines

I have received a copy of Penn Apartment Staffing's Employment Guidelines. By signing below, I acknowledge that I have read and understand the policies and agree to comply with them.

### EMPLOYEE:

Applicant Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## WORKWELL, TX

### Employee Acknowledgment of Workers' Compensation Network

I have received information that informs me how to get health care under my employer's workers' compensation insurance.

If I am hurt on the job and live in a service area described in this packet, I understand that:

- I must choose a treating doctor from the list of doctors in the network. Or, I may ask my HMO primary care physician to agree to serve as my treating doctor. If I select my HMO primary care physician as my treating doctor, I will call Texas Mutual Insurance Company at (844) 867-2338 to notify them of my choice.
- I must go to my treating doctor for all health care for my injury. If I need a specialist, my treating doctor will refer me to a specialist. If I need emergency care, I may go anywhere.
- Texas Mutual will pay the treating doctor and other network providers for the treatment for my compensable injury.
- I may have to pay the bill if I get health care from someone other than a network doctor without prior network approval.

Knowingly making a false workers' compensation claim may lead to a criminal investigation that could result in criminal penalties such as fines and imprisonment.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Printed name \_\_\_\_\_

I live at: \_\_\_\_\_  
Street address

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Name of employer: Penn Apartment Staffing, LLC

Name of network: WorkWell, TX

#### To the employer:

Each employee must sign this form when you begin the program or within 3 days of being hired, and at the time an injury occurs. Please indicate at which point this acknowledgement was completed.

- ☐ Initiating the network program (companywide)
- ☒ Initial employee notification (new hire)
- ☐ Injury notification (Date of injury:     /     /     )

Keep this completed form in the employee's personnel file. It could be requested by Texas Mutual.