



**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
-
- 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

REAL ESTATE/APARTMENT INDUSTRY EXPERIENCE (MAINTENANCE)

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 Monday through Friday AD7

Languages (select all that apply):

- No habla Ingles AF6
I speak Spanish AF1
I speak French AF2
I speak German AF3
I speak Japanese AF4
I am bilingual AF9
I speak another foreign language AF5

- I write English AF8
I read English AF7

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
High Rise Multi-Family BA5
Major Rehab or Renovations BB1
HUD/Subsidized Housing BB3
Tax Credit Experience BB4
1 Story Office Building BC1
Multi-Story Office Building BC2
Hotel/Motel BO1
Senior Living Facilities BO5

Licenses / Certifications (select all that apply):

We will need copies of any licenses/certifications.

- CAM CA1
PLP CB1
Fair Housing Compliance CB2
ARM CA3
CAPS CC1
CPM CC2
Real Estate Broker License CD1
Real Estate Salesman License CD2
EPA approved-Freon Recovery Certificate
Type 1 CM4
Type 2 CM5
Type 3 CM6
Universal CM7
A/C & Heating License CN1
Plumbing License CN2
Electrical License CN3
Pool Certification CN4

Work Experience (select all that apply):

Real Estate/Property Management

- Maintenance Supervisor XN1
Lead Maintenance XP1
Asst Maintenance XQ1
Make Ready XR1
Porter/Grounds XS1
Housekeeping HK1
I will do porter work AP1
Power washing AP3
I have my own hand tools AP2

Sprinkler System

- Troubleshoot & Repair ML1

Hot Water Heater/Circulating Pumps

- Replace & Repair MH1

Hot Water Heater

- Repair MH2

Circulating Pumps

- Repair Only MH5

Stoves

- Install new/troubleshoot MB1

Dishwashers

- Install new/troubleshoot MB5

REAL ESTATE/APARTMENT INDUSTRY EXPERIENCE (MAINTENANCE)

Refrigerator

- Troubleshoot MC1
- Charge MC2
- Install Icemaker MC4

Trash Compactor

- Install MC8

Locks

- Re-key MK1
- Install new/Replace MK2

Floors

- Lay Tile Squares/Sheet Tile MG2
- Lay Tile Ceramic/Walls/Floor MG5
- Clean Carpet MG6
- Sub-floor/Repair MG8

Plumbing

- Plumbing All MD9
- Sweat Pipes MD1
- Replace Faucets MD2
- Replace Shower Pans MD4
- Replace Disposal MD5
- Sewer Backups MD7
- Repair Commodes MD8
- Troubleshoot/Repair MD6
- Underground Leaks MD6

Electrical

- Electrical All ME9
- Rewire Electric Outlets/
Receptacles ME1
- Install New Outlets/
Receptacles ME2
- Install Ceiling Fans ME3
- Install Exterior Light Fixtures ME4
- Install Breaker Boxes ME6
- Add Breakers to Existing Box ME7
- Troubleshoot Elec. Shorts ME8

Paint

- Complete Interior MF1
- Paint/Hang Sheetrock MF3
- Tape/Bed/Texture MF5
- Paint/Wallpaper MF6
- Paint/Shoot Acoustics MF7
- Paint/Resurface Appliances MF8

Resurface

- Countertops MF9
- Bathtubs MR6
- Cabinets MR7
- Sinks MR8

Carpentry

- Hang Doors Interior/Exterior MI1
- Replace Jambs Interior/Ext. MI2
- Replace Countertops MI3
- Hang Cabinets MI4
- Build Drawers MI5
- Repair Patios/Fences/Gates MI6

Glass

- Replace Patio Door Glass MJ1
- Replace Shower Door Glass MJ2

HVAC

- All MA0
- Chill Water/Boiler System MA1
- Heat Pumps MA2
- Individual MA3
- Replace Condenser Units MA4
- Replace/Troubleshoot
Compressors MA5
- Repair Compressors Only MA6
- Troubleshoot/Repair Complete
Systems MA7
- Repair Only Complete Systems MA8
- Change System Freon MA9

Pools

- Chemicals/Clean/Maintain MP1
- Repair Pumps & Equipment MP2

Windows

- Repair Screens MM1
- Replace Windows MO1
- Repair Leaks MO2



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.

Employee Signature

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.



WAIT!



In order for us to see your application -

FOLLOW THE INSTRUCTIONS BELOW.

1. CLICK "SAVE"  AND SAVE THE DOCUMENT AS "PENN APP".

2. ATTACH THE DOCUMENT TO AN EMAIL, SEND TO YOUR LOCAL PENN APARTMENT STAFFING OFFICE AND CALL TO ENSURE WE RECEIVED YOUR APPLICATION.

AUSTIN:

AUSTINTEAM@PENNAPARTMENTSTAFFING.COM

DALLAS/ FORT WORTH:

DALLASTEAM@PENNAPARTMENTSTAFFING.COM

HOUSTON:

HOUSTONTEAM@PENNAPARTMENTSTAFFING.COM

SAN ANTONIO:

SATEAM@PENNAPARTMENTSTAFFING.COM



THANK YOU

**FOR COMPLETING THE PENN APARTMENT
STAFFING APPLICATION!**