

# STERLING

## PROFESSIONAL STAFFING

EMPLOYEE #: \_\_\_\_\_

SALARY: \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_

Date \_\_\_\_\_ S. S. \_\_\_\_ / \_\_\_\_ / \_\_\_\_ DLID # \_\_\_\_\_

Full Name  
 First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address  
 Street \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home # (\_\_\_\_) \_\_\_\_\_ Message # (\_\_\_\_) \_\_\_\_\_

Emergency # (\_\_\_\_) \_\_\_\_\_ Notify \_\_\_\_\_

Have you ever been convicted? Yes \_\_\_\_\_ No \_\_\_\_\_ Explain \_\_\_\_\_

Transportation:  Car  Bus  Other \_\_\_\_\_ Do you have your own tools? Yes \_\_\_\_\_ No \_\_\_\_\_

Work area preferred \_\_\_\_\_ Are you bilingual? Yes \_\_\_\_\_ No \_\_\_\_\_

### EMPLOYMENT HISTORY

DATE FROM	DATE TO	COMPANY NAME AND ADDRESS	SALARY	SUPERVISOR PHONE #.	DUTIES	REASON FOR LEAVING

### EDUCATION

H.S., COLL., BUS.	NAME AND LOCATION OF SCHOOL	YRS. 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 INSURE 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		Onsite or E-site		Pool	
Plumbing		Asst. Maintenance		AMS		Universal	
Make Ready		Maintenance Super.		MRI		Type 1	
Tile		Tax Credit		Blue Moon		Type 2	

One or more of the following conditions met 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 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 #.
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 the application and/or for separation from the Company's service if I have been employed. Upon written request, additional information as to the nature and scope of the investigation, if one is made, will be provided. The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 64 years of age.

It is our corporate responsibility to promote equal employment opportunity to all employees and applicants for employment without regard to 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.

Applicant Signature \_\_\_\_\_ Interviewer's Initials \_\_\_\_\_

# Form W-4 (2011)

**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 2011 expires February 16, 2012. 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 cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

**Basic instructions.** If you are not 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 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 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. 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 payments using

Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 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. 919 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. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for yourself if no one else can claim you as a dependent . . . . .	<b>A</b> _____
<b>B</b>	Enter "1" if: <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	<b>B</b> _____
<b>C</b>	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.) . . . . .	<b>C</b> _____
<b>D</b>	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b> _____
<b>E</b>	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) . . . . .	<b>E</b> _____
<b>F</b>	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit . . . . .	<b>F</b> _____
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children.</li> <li>• If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children . . . . .</li> </ul>	<b>G</b> _____
<b>H</b>	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.) ▶ For accuracy, complete all worksheets that apply. <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.</li> <li>• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.</li> </ul>	<b>H</b> _____

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

<b>Form W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ 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.</p>	OMB No. 1545-2159  <h1 style="margin: 0;">2011</h1>
<b>1</b> Type or print your first name and middle initial. Last name		<b>2</b> Your social security number
Home address (number and street or rural route)		<b>3</b> <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		<b>4</b> 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"/>
<b>5</b> Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		<b>5</b> _____
<b>6</b> Additional amount, if any, you want withheld from each paycheck		<b>6</b> \$ _____
<b>7</b> I claim exemption from withholding for 2011, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and</li> <li>• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . . ▶		<b>7</b> <input type="checkbox"/>
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.		
<b>Employee's signature</b> (This form is not valid unless you sign it.) ▶		<b>Date</b> ▶
<b>8</b> Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		<b>9</b> Office code (optional) <b>10</b> Employer identification number (EIN)

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-9, Employment Eligibility Verification**

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have 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	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

**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):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) \_\_\_\_\_
- An alien authorized to work (Alien # or Admission #) \_\_\_\_\_ until (expiration date, if applicable - month/day/year)

Employee's Signature \_\_\_\_\_ Date (month/day/year) \_\_\_\_\_

**Preparer and/or Translator Certification** *(To be completed and signed if Section 1 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/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

**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: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

**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 authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

**Section 3. Updating and Reverification** *(To be completed and signed by employer.)*

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: \_\_\_\_\_ Document #: \_\_\_\_\_ Expiration Date (if any): \_\_\_\_\_

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	Date (month/day/year)
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# Sterling

THE PEOPLE STORE

## 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. 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 adhering to guidelines of each individual client company.
5. If I am unable to go to work at my scheduled time, I'll call Sterling immediately.
6. I understand Sterling Personnel does not mail checks as company policy. Should extenuating circumstances demand my check be mailed, I understand I am responsible for any bank charges due to stop-payment should the check become lost in the mail. These charges will be automatically deducted from the re-issued check. There is a (60) day waiting period before 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, 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 be terminated without eligibility for re-hire.
8. A drug screen is required for all injuries. In accordance with state law, a positive result relieves Sterling from responsibility for any medical cost. Cost 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 voluntary without work connected cause and unemployment benefits may be denied.

Signature \_\_\_\_\_

Date \_\_\_\_\_

# 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 legal or 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 Signature

\_\_\_\_\_  
Date

# Sterling

THE PEOPLE STORE

## RELEASE AND CONSENT FOR BACKGROUND INVESTIGATIONS

In consent with my possible assignment by Sterling Property Personnel, I hereby consent Sterling Property Personnel conducting a personal background check and finger print 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 responsible 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 Property Personnel for criminal history records information to release information to Sterling Property Personnel. Criminal conviction record(s) do not necessarily disqualify an individual from employment with Sterling Property Personnel.

I release Sterling Property 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 Property 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) (M) (Maiden or Other) (Last)

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

If less than 3 years at current Address

Previous Address: \_\_\_\_\_  
(Street Address) (Apt.) (City) (State) (Zip Code)

Date of Birth: \_\_\_\_\_ Signature: \_\_\_\_\_

## EMPLOYEE NON-DISCLOSURE AGREEMENT

I, \_\_\_\_\_, am an employee of Sterling Property Personnel, located at 14160 Dallas Parkway, Suite #701, Dallas, Texas, in exchange for being allowed to provide temporary service for clients of Sterling Property Personnel. I agree to hold in confidence any and all information disclosed to me concerning the business activities of said company in relating to any confidential to 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 \_\_\_\_\_

# *Sterling* PERSONNEL SERVICES

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DATE: \_\_\_\_\_

I, \_\_\_\_\_ as an employee for **Sterling Property Personnel**, understand that if for some reason I am to get overpaid that a deduction will be made in full / 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 Property Personnel**, I do understand that if I am to reactivate anytime during the future, the overpayment deduction will be made.

\_\_\_\_\_  
Sterling Property Personnel Representative

X \_\_\_\_\_  
Sterling Employee

\_\_\_\_\_  
Date

PLEASE MAKE COPIES OF YOUR DRIVER'S LICENSE AND SOCIAL SECURITY AND ATTACH THEM TO THE BACK OF THIS APPLICATION.

14160 Dallas Parkway Suite 701, Dallas, TX 75254 Phone (972) 404-0077

530 Bedford Road Suite 114, Bedford, TX 76022 Phone (817) 268-3544