



APPLICANT'S STATEMENT

I understand that if Hoban Management, Inc. hires me, my employment will be for no definite period, regardless of the period of payment of my wages. I also understand that I have the right to terminate my employment at any time with or without notice to Hoban Management, Inc., and Hoban Management, Inc. has the same right to terminate my employment at any time with or without notice to me. No one other than the President of Hoban Management, Inc. has authority to modify this relationship or make any agreement to the contrary. Any such modification or agreement must be in writing and signed by Hoban Management, Inc.'s President.

I understand that Hoban Management, Inc. reserves the right to require me to submit to a drug test at any time and also reserves the right require me to submit to an alcohol test and/or medical examination to the extent permitted by applicable law. I authorize Hoban Management, Inc. to investigate my driving record, criminal record and credit history, and I understand that an investigative consumer report may be prepared whereby information is obtained through personal interviews with neighbors, friends and others with whom I am acquainted. This inquiry would include information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make written request within a reasonable period of time to receive additional information about the nature and scope of this investigation.

I grant Hoban Management, Inc. authority to contact my previous employers and I authorize those employers to disclose to Hoban Management, Inc. all records and other information pertinent to my employment with them. I also authorize Hoban Management, Inc. to provide truthful information concerning my employment with Hoban Management, Inc. to my future prospective employers and I agree to hold Hoban Management, Inc. harmless for providing such information.

I certify that all of the information that I provide on this application and in any interviews will be true and accurate. I understand that if I am employed and any such information is later found to be false or misleading in any aspect, I may be immediately be dismissed.

CERTIFICATION

I hereby authorize the release of any employment data relevant to the consideration of my employment with the Hoban Management, Inc. for the purpose of an employment investigation. I authorize a thorough investigation of my past employment, activities, and background and agree to cooperate in such an investigation, and release from all liability or responsibility all persons, entities, and corporations requesting or supplying such information. This investigation may also include a determination regarding whether I have a criminal record.

I agree that I may be required to submit to a drug test at any time after a conditional offer of employment or during my employment with Hoban Management, Inc. to determine if I am drug and alcohol free. I also agree to submit to any such testing that may be required as a condition of employment and understand that refusal to promptly submit and cooperate with such testing prior to or during the course of my employment will result in disqualification from consideration for employment or, if hired, termination, and I hereby waive any and all claims for damages resulting from such testing.

I fully understand that if I am hired any misrepresentation or omission on this Application or any other Hoban Management, Inc. record will result in termination, regardless of the date of discovery. I acknowledge that employment is also subject to a satisfactory review of my references.

Neither this Application nor any statement made to me during the hiring process of thereafter shall be considered a contract of employment of any kind. Where such a contract is intended, I understand that it will be separately entered into and signed by a duly authorized official of Hoban Management, Inc. and myself. Absent such contract, I understand that, if hired, my employment will be terminable at will, with or without cause, and with or without notice, that I am not being employed for any specified or definite period of time, and that this application is not and is not intended to be a contract, offer, statement,



or confirmation of or for employment. I also understand that statements contained in policies, procedures, practices, handbooks, and other Hoban Management, Inc. material do not create any guarantee of employment, nor are they a statement of, or confirmation of any guaranteed terms or conditions of employment. Hoban Management, Inc. may alter, modify, amend or terminate any of its policies and benefits, both as to active and retired employees.

I hereby release Hoban Management, Inc. from any liability for any damage whatsoever as a result of any investigation, criminal records check, inquiry, or investigative report made by or to Hoban Management, Inc. its representatives or designees. I hereby authorize any person, company firm, association, Human Resources office, former employer, or law enforcement agency to furnish information concerning me, including but not limited to my character, general reputation, my personal characteristics, my education, my prior employment, my performance, my references, any criminal conviction record, any motor vehicle record, and any other relevant record, and I hereby release them from any liability or damage whatsoever for issuing such information.

I understand and hereby agree that if hired, any subsequent failure to meet the employment or license requirements established by any agency, commission, or entity will also result in dismissal as of the date of discovery.

I declare under penalty of perjury that all statements made in this application are true and correct.

Although Hoban Management, Inc. may keep this application on file indefinitely, this application will be considered current and active only for thirty (30) days. If you wish to be considered for employment after that time, you must re-apply.

I understand that checking this box constitutes that I acknowledge and agree to the above Terms as listed in the Statement and Certification sections of this Application.

Signature of Applicant

Date

Print Full Name



RELEASE AND AUTHORIZATION FORM

AUTHORIZATION TO OBTAIN CREDIT INFORMATION

In accordance with the Consumer Credit Reporting Reform Act of 1996 Section 604(B), I hereby authorize Hoban Management, Inc. and/or its agents to obtain an Employment Insight Credit Report concerning my current credit status. I understand that such an inquiry is relevant to the position for which I am applying. I understand that a credit report will be obtained and that I am entitled to a copy of this report. If adverse action is taken, based in whole or in part on the consumer report, we will provide to you a copy of the consumer report and a summary of the consumer's rights as prescribed by the FCRA. The report will not be used in violation of any federal or state laws and/or equal employment opportunity laws or regulations.

The investigative consumer-reporting agency preparing the report(s) is PeopleG2 135 South State College Blvd., Ste. 200 Brea, CA 92821. Their files are available for review in person, by certified mail or telephonically with proper identification.

Signature of Applicant

Date

Print Full Name

Social Security Number

Date of Birth

Address: _____



RELEASE AND AUTHORIZATION FORM

In accordance with my right to privacy, I have been advised by Hoban Management, Inc. that the information described below is required to assist the same in making an employment advancement determination concerning me and that execution of this form is voluntary.

I hereby authorize any qualified agent bearing this document or a copy thereof, to obtain information from all personnel, educational institutions, government agencies, to include The Department of Justice and The Youth Authority, companies, corporations, worker's compensation information, law enforcement agencies or individuals relating to my past activities, to supply any and all information concerning my background, and release same from any liability resulting from providing such information. The information received may include, but is not limited to academic, job performance, attendance, personal history, financial record history, and disciplinary and criminal records.

I understand that the information released is for consideration of my employment application, resume and possibly for the purpose of determining my qualifications for future assignment.

I further hereby release any individual associated with the compilation of such information to include record custodians, directors, officer, agent, employees, if authorized representatives of the same, from any and all liability for damages of whatever kind of nature, which may at any time accrue to me on account of (1) reliance by such person on the information submitted in my employment application; (2) reliance by such persons on the information obtained pursuant to this authorization; (3) compliance with, or any attempt to comply with, this authorization; and (4) termination of my employment based on information obtained after commencement thereof pursuant to validity of this authorization. If adverse action is taken based in whole or in part on the consumer report, we will provide to you a copy of the consumer report and a summary of the consumer's rights as prescribed by the FCRA. This report will not be used in violation of any federal or state laws and/or equal employment opportunity laws or regulations.

I hereby certify that all the statements and answers set forth on this application form and documents signed are true and complete to the best of my knowledge, and I understand that if, subsequent to employment any such statements and/or answers are found false or that information has been omitted, such false statements or omissions will be just cause for termination of my employment.

I understand that I have a right to receive a copy of any consumer report created as a result of this release form, by PeopleG2. I have also stated clearly in the boxes listed below as to my desire to receive that report from this company to which I am applying upon its completion. The investigative consumer-reporting agency preparing the report(s) is PeopleG2 135 South State College Blvd., Ste. 200 Brea, CA 92821, telephone 800-630-2880. Their files are available for review by appointment, by certified mail or telephonically with proper identification.



PLEASE PRINT CLEARLY

Signature of Applicant

Print Full Name (First, Middle, & Last Name)

Date

Applicant's Address

For purposes of gathering this information, I agree to supply the following information which may be required by law enforcement agencies and other entities for positive identification purposes in checking records. It is confidential and will not be used for any other purpose.

Date of Birth

Driver's License #

State

Social Security #

LAST NAME AS IT APPEARS ON YOUR LICENSE: _____

Please Print Clearly

Yes, I would like a copy of any investigative consumer report that is conducted by PeopleG2.

No, I do not need a copy of any investigative consumer report that is conducted by PeopleG2.