

ROOMING INC NONPROFITS  
PO BOX 5551 SCOTTSDALE AZ 85261-5551  
602-348-2174  
[ROOMINGINC@HOTMAIL.COM](mailto:ROOMINGINC@HOTMAIL.COM),  
[WWW.10GREATESTCOMPANIES.COM](http://WWW.10GREATESTCOMPANIES.COM)

## WHO WE ARE AND WHAT WE STAND FOR

WELCOME TO ROOMING INC. YOUR SUPPORT ENABLES US TO CONTINUE WORKING TOWARD HELPING THE MANY HOMEOWNERS FACING HOMELESSNESS, HELPLESS RENTERS AND THE OVER FLOW OF PEOPLE WITH FIX INCOMES THAT ARE HOMELESS.

OUR COMPANY GOAL HERE IN PHOENIX, AZ IS TO HELP THE LOW INCOME AND THE HOMELESS PEOPLE THAT ARE HERE IN THE PHOENIX, AZ AREA.

OUR COMPANY WILL HOUSE THESE PEOPLE IN OUR SOLAR HOUSING AND IN OUR GREEN HOUSING SYSTEM THAT ROOMING INC IS BUILDING. IT WILL GIVE THEM LOWER RENT AND MORATGE PAYMENTS, THIS WAY THEY HAVE MORE INCOME AND CAN BUY MORE THING FOR THEIR FAMILY, AND ON THE HOLIDAYS.

ROOMING INC WILL ALSO HELP ALL THE CHILDREN WHOSE MOTHER AND/OR FATHER WHO ARE HOMELESS BY OPENING UP ELECTRIC TRANSFER ACCOUNTS IN THEIR CHILDRENS' NAME AND PAY LIFE/HEALTH INSURANCE FOR THEIR CHILDREN UNTIL THEY TURN 18. ROOMING INC WILL ADD FUNDS TO THE CHILDRENS' ACCOUNT UNTIL THEIR 18TH BIRTHDAY. THIS WILL ALLOW THEM TO HAVE FUNDS FOR COLLEGE AND HAVE A BANK ACCOUNT WITH FUNDS IN THAT ACCOUNT TO HELP THEM WITH WHATEVER THEIR NEEDS ARE AT THAT TIME.

BECAUSE OF THE FAST GROWING HOME OWNER'S WHO ARE LOSING THEIR HOMES AND THE FAST GROWTH OF THE HOMELESS IN THE PHOENIX AREA, WITH YOUR HELP TO OUR COMPANY WILL BE VERY MUCH APPRECIATED.

ONCE AGAIN, ON THE BEHALF OF OUR COMPANY, WE THANK YOU FOR YOUR EMPLOYMENT.

SINCERELY,

CHAIRMAN/CEO ROOMING INC,

# Rooming Inc. Employment Application

## An Equal Opportunity Employer

PO BOX 5551 SCOTTSDALE, AZ 85261-5551

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**Here are some helpful tips when completing these forms: All forms must be complete and legible Employees must sign where required. Always make sure employee properly completed I-9 with the appropriate pieces of identification in the correct column (A, B or C) on the form. Always include a copy of new employees Drivers license, Government issued photo ID, or other forms of ID used on the I-9 form. There must be an entry in line 5 of the W4. "Exempt" is usually not applicable. To meet Internal Revenue Service regulations, a copy of the employee's social security card must be provided prior to the first payroll being issued. Once completed you can FAX forms to our office at \_\_\_\_\_**

**As always, if you have any questions, please call our office for assistance-602-348-2174**

Name of position for which you are applying: \_\_\_\_\_

Position # (if applicable): \_\_\_\_\_

Answer all questions completely. A separate application must be completed for each position but may be accompanied with a resume. It is the responsibility of the applicant to clarify on their application, their ability to perform the job for which they are applying. Failure to provide sufficient information which indicates meeting minimum qualifications will result in disqualification. Individuals who need reasonable accommodations to apply and/or interview, should contact the Human Resources Department. All applications must be manually signed and dated in ink by the applicant.

### PERSONAL INFORMATION

Social Security  
Number \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Home Phone  
Number \_\_\_\_\_

Alternate Phone  
Number \_\_\_\_\_  
---

### Please answer the following:

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

*(Please note: All offers of employment are contingent upon satisfactory proof of your identity and legal rights to work in the United States.)*

No

Yes

Do you have any relatives employed by Rooming Inc, or any of the 10 Greatest Companies?

If Yes, please give name(s):

No

Yes

Have you ever been convicted of any criminal offense other than a minor traffic violation?

No

Yes

Do not include convictions for the use or possession of marijuana if the conviction occurred more than two (2) year ago. If you answered "Yes", please write on back a detailed written account of the offense.

*(Please note: A conviction will not necessarily disqualify you from employment as each case will be considered on its own merit.)*

Are you currently out on bail, or on your own recognizance pending trial, for any criminal offense other than a minor traffic violation?

No

Yes

If you answered "Yes", please write on back a detailed written account of the charges against you.

*(Please note: A "Yes" response will not necessary disqualify you from employment as each case will be considered on its own merit.)*

### **EDUCATION AND TRAINING**

Degree(s) Obtained \_\_\_\_\_

Type of School \_\_\_\_\_

Name and Location \_\_\_\_\_

Major \_\_\_\_\_

High School \_\_\_\_\_

Junior College \_\_\_\_\_

College or University \_\_\_\_\_

Graduate School \_\_\_\_\_

Technical/Professional \_\_\_\_\_

List other skills experience, training (e.g. languages, typing, clerical office skills or equipment etc.)  
or accomplishments that you believe will assist you in evaluation of your employment.

**EMPLOYMENT HISTORY:** Beginning with your present or most recent employer, please list at least 2 employments. Include Armed Forces, volunteer experience, and periods of unemployment (unless related to physical or mental illness, please explain periods of unemployment).

Attach additional page(s) if necessary.

1.)Employer

Information \_\_\_\_\_  
\_\_\_\_\_

Date of  
Employment \_\_\_\_\_  
\_\_\_\_\_

Title and  
Duties \_\_\_\_\_  
\_\_\_\_\_

From: (mo. /  
yr.) \_\_\_\_\_  
\_\_\_\_\_

Title \_\_\_\_\_  
\_\_\_\_\_

Duties \_\_\_\_\_  
\_\_\_\_\_

Company \_\_\_\_\_  
\_\_\_\_\_

To: (mo. /  
yr.) \_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Reasons for  
Leaving: \_\_\_\_\_  
\_\_\_\_\_

Last Rate of  
Pay \_\_\_\_\_  
\_\_\_\_\_

City, State, and  
Zip \_\_\_\_\_  
\_\_\_\_\_

Immediate  
Supervisor: \_\_\_\_\_  
\_\_\_\_\_

Phone  
Number \_\_\_\_\_  
\_\_\_\_\_

2.)Employer  
Information \_\_\_\_\_  
\_\_\_\_\_

Dates of  
Employment \_\_\_\_\_  
\_\_\_\_\_

Title and  
Duties \_\_\_\_\_  
\_\_\_\_\_

From: (mo. /  
yr.) \_\_\_\_\_  
\_\_\_\_\_

Title: \_\_\_\_\_  
\_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_

Company  
Name \_\_\_\_\_  
\_\_\_\_\_

To:  
(mo.yr.) \_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Reasons for  
Leaving: \_\_\_\_\_  
\_\_\_\_\_

Last Rate of  
Pay \_\_\_\_\_  
\_\_\_\_\_

City, State, and  
Zip \_\_\_\_\_  
\_\_\_\_\_

Immediate  
Supervisor: \_\_\_\_\_  
\_\_\_\_\_

Phone  
Number \_\_\_\_\_  
\_\_\_\_\_

Please list any other name under which your employment or education may be verified: Have you ever been discharged from any employment?

Yes

No

If yes, please attach written explanation

Do we have permission to contact your present employer(s)?

Yes

No

Do we have permission to contact your previous employer(s)?

Yes

No

I hereby certify that the information contained in this application is true and correct to the best of my knowledge and agree to have any statements checked by Rooming Inc. unless I have indicated to the contrary. I authorize any references, as well as all other individuals whom Rooming Inc. contacts, to provide Rooming Inc. any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information by Rooming Inc. or any of its Companies, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an employment offer or, if I am hired, my dismissal from employment.

In consideration of my employment, I agree to conform to the rules and standards of Rooming Inc, as amended by Rooming Inc. from time to time in its discretion. I further agree that any employment I am offered will not be for any specified period of time and that my employment is "atwill" and I can quit at any time, with or without cause and with or without notice by either Rooming Inc. or myself. I further understand and agree that the only manner in which the terms of this employment relationship may be altered is by means of a specific written agreement which is signed by me and the Rooming Inc Director of Human Resources or the CEO of Rooming Inc. I further understand that no other representative of Rooming Inc. has any authority to enter into any oral or written agreement for employment of any specified period of time or take any oral or written agreements or statements contrary to the foregoing.

Applicant's  
Signature: \_\_\_\_\_  
\_\_\_\_\_

Today's  
Date: \_\_\_\_\_  
\_\_\_\_\_

**OWNER/MANAGER TO COMPLETE:**

Original hire date of employee: \_\_\_\_\_

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

Rate of pay: \$ \_\_\_\_\_ per \_\_\_\_\_

Pay Schedule: Weekly \_\_\_\_\_ BiWeekly \_\_\_\_\_ Semi-Monthly \_\_\_\_\_ Monthly \_\_\_\_\_

Workers'Comp. Classification(s) for this employee: \_\_\_\_\_

Attach photocopies of I-9 Immigration documents (Government issued photo ID).

**To meet Internal Revenue Service regulations, a copy of the employee's Social Security Card must be provided before the first payroll is issued.**

## Payroll Direct Deposit Authorization Form

I authorize you and the financial institution named below to automatically deposit my net pay to my account (this includes my authorization to you to reverse any entries made in error). This authority will remain in effect until I give written notice to the payroll department.

Date \_\_\_\_\_

Employee Name \_\_\_\_\_

Financial Institution Name \_\_\_\_\_

Financial Institution City, State, Zip \_\_\_\_\_

⌘ Checking Account Number \_\_\_\_\_

⌘ Savings Account Number \_\_\_\_\_

Signature \_\_\_\_\_

**Please attach a voided check ( or a copy of a check ) for the account that you would like your net pay deposited to.**



# Form W-4 (2008)

**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 2008 expires February 16, 2009. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** You cannot claim exemption from withholding if (a) your income exceeds \$900 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits,

adjustments to income, or two-earner/multiple job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

**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 the Instructions for Form 8233 before completing this Form W-4.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2008. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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

**A** Enter "1" for **yourself** if no one else can claim you as a dependent. . . . . **A** \_\_\_\_\_

**B** Enter "1" if:   
 • You are single and have only one job; or   
 • You are married, have only one job, and your spouse does not work; or   
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. . . . . **B** \_\_\_\_\_

**C** 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.) . . . . . **C** \_\_\_\_\_

**D** Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return . . . . . **D** \_\_\_\_\_

**E** Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above) . . . . . **E** \_\_\_\_\_

**F** Enter "1" if you have at least \$1,500 of **child or dependent care expenses** for which you plan to claim a credit . . . . . **F** \_\_\_\_\_

(**Note.** Do **not** include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

**G** **Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.   
 • If your total income will be less than \$58,000 (\$86,000 if married), enter "2" for each eligible child.   
 • If your total income will be between \$58,000 and \$84,000 (\$86,000 and \$119,000 if married), enter "1" for each eligible child plus "1" **additional** if you have 4 or more eligible children. . . . . **G** \_\_\_\_\_

**H** 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.) ▶ **H** \_\_\_\_\_

For accuracy, complete all worksheets that apply.   
 • 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.   
 • 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 (\$25,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.   
 • If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

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

Form <b>W-4</b>		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074
Department of the Treasury Internal Revenue Service		▶ <b>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.</b>		<b>2008</b>
<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. <b>Note.</b> 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 2008, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet <b>both</b> conditions, write "Exempt" here . . . . . ▶ <b>7</b>				
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.				
Employee's signature (Form is not valid unless you sign it.) ▶		Date ▶		
<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)	

# ROOMING INC - 10 GREATEST COMPANIES

PO BOX 5551 SCOTTSDALE AZ 85261-5551

602-348-2174

[ROOMINGINC@HOTMAIL.COM](mailto:ROOMINGINC@HOTMAIL.COM), [WWW.10GREATESTCOMPANIES.COM](http://WWW.10GREATESTCOMPANIES.COM)

## EMPLOYMENT AGREEMENT:

This Agreement made and entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between \_\_\_\_\_ ("employer"), and \_\_\_\_\_ ("employee"). The parties recite that:

A. Employer is engaged in \_\_\_\_\_ and maintains business premises at \_\_\_\_\_.

B. Employee is willing to be employed by employer, and employer is willing to employ employee, on the terms and conditions herein after set forth. For the reasons set forth above, and in consideration of the mutual covenants and promises of the parties hereto, employer and employee covenant and agree as follows:

### 1. AGREEMENT TO EMPLOY AND BE EMPLOYED

Employer hereby employs employee as \_\_\_\_\_ at the above-mentioned premises, and employee hereby accepts and agrees to such employment.

### 2. DESCRIPTION OF EMPLOYEE'S DUTIES

Subject to the supervision and pursuant to the orders, advice, and direction of employer, employee shall perform such duties as are customarily performed by one holding such position in other businesses or enterprises of the same or similar nature as that engaged in by employer. Employee shall additionally render such other and unrelated services and duties as may be assigned to him/her from time to time by employer.

### 3. MANNER OF PERFORMANCE OF EMPLOYEE'S DUTIES

Employee shall at all times faithfully, industriously, and to the best of his/her ability, experience, and talent, perform all duties that may be required of and from him/her pursuant to the express and implicit terms hereof, to the reasonable satisfaction of employer. Such duties shall be rendered at the above mentioned premises and at such other place or places as employer shall in good faith require or as the interests, needs, business, and opportunities of employer shall require or make advisable.

### 4. DURATION OF EMPLOYMENT

The term of employment shall be up to employee.

### 5. COMPENSATION; REIMBURSEMENT

Employer shall pay employee and employee agrees to accept from employer, in full payment for employee's services hereunder, compensation at the rate of \_\_\_\_\_ Dollars (\$\_\_\_\_\_) per hour, payable \_\_\_\_\_. In addition to the foregoing, employer will reimburse employee for any and all necessary, customary, and usual expenses incurred by him/her while traveling for and on behalf of the employer pursuant to employer's directions.

### 6. EMPLOYEE'S LOYALTY TO EMPLOYER'S INTERESTS

Employee shall devote all of his/her time, attention, knowledge, and skill solely and exclusively to the business and interests of employer, and employer shall be entitled to all benefits, emoluments, profits, or other issues arising from or incident to any and all work, services, and advice of employee. Employee expressly agrees that during the term here of he/she will not be interested, directly or indirectly, in any form, fashion, or manner, as partner, officer, director, stockholder, advisor, employee, or in any other form or capacity, in any other business similar to employer's business or any allied trade, except that nothing herein contained shall be deemed to prevent or limit the right of employee to invest any of his/her surplus

funds in the capital stock or other securities of any corporation whose stock or securities are publicly owned or are regularly traded on any public exchange, nor shall anything herein contained be deemed to prevent employee from investing or limit employee's right to invest his/her surplus funds in real estate.

#### 7. NONDISCLOSURE OF INFORMATION CONCERNING BUSINESS

Employee will not at any time, in any fashion, form, or manner, either directly or indirectly divulge, disclose, or communicate to any person, firm, or corporation in any manner whatsoever any information of any kind, nature, or description concerning any matters affecting or relating to the business of employer, including, without limitation, the names of any its customers, the prices it obtains or has obtained, or at which it sells or has sold its products, or any other information concerning the business of employer, its manner of operation, or its plans, processes, or other data of any kind, nature, or description without regard to whether any or all of the foregoing matters would be deemed confidential, material, or important. The parties hereby stipulate that, as between them, the foregoing matters are important, material, and confidential, and gravely affect the effective and successful conduct of the business of employer, and its good will, and that any breach of the terms of this section is a material breach of this agreement.

#### 8. OPTION TO TERMINATE ON PERMANENT DISABILITY OF EMPLOYEE

Notwithstanding anything in this agreement to the contrary, employer is hereby given the option to terminate this agreement in the event that during the term hereof employee shall become permanently disabled, as the term "permanently disabled" is hereinafter fixed and defined. Such option shall be exercised by employer giving notice to employee by registered mail, addressed to him/her in care of employer at the above stated address, or at such other address as employee shall designate in writing, of its intention to terminate this agreement on the last day of the month during which such notice is mailed. On the giving of such notice this agreement and the term hereof shall cease and come to an end on the last day of the month in which the notice is mailed, with the same force and effect as if such last day of the month were the date originally set forth as the termination date. For purposes of this agreement, employee shall be deemed to have become permanently disabled if, during any year of the term hereof, because of ill health, physical or mental disability, or for other causes beyond his/her control, he/she shall have been continuously unable or unwilling or have failed to perform his/her duties here under for thirty (30) consecutive days, or if, during any year of the term hereof, he/she shall have been unable or unwilling or have failed to perform his/her duties for a total period of thirty (30) days, whether consecutive or not. For the purposes hereof, the term "any year of the term hereof" is defined to mean any period of 12 calendar months commencing on the first day of \_\_\_\_\_ and terminating on the last day of \_\_\_\_\_ of the following year during the term hereof.

#### 9. DISCONTINUANCE OF BUSINESS AS TERMINATION OF EMPLOYMENT

Anything herein contained to the contrary notwithstanding, in the Event that employer shall discontinue operations at the premises mentioned above, then this agreement shall cease and terminate as of the last day of the month in which operations cease with the same force and effect as if such last day of the month were originally set forth as the termination date hereof.

#### 10. EMPLOYEE'S COMMITMENTS BINDING ON EMPLOYER ONLY ON WRITTEN CONSENT

Employee shall not have the right to make any contracts or other commitments for or on behalf of employer without the written consent of employer.

#### 11. CONTRACT TERMS TO BE EXCLUSIVE

This written agreement contains the sole and entire agreement between the parties, and supersedes any and all other agreements between them. The parties acknowledge and agree that neither of them has made any representation with respect to the subject matter of this agreement or any representations inducing the execution and delivery hereof except such representations as are specifically set forth herein, and each party acknowledges that he/she or it has relied on his/her or its own judgment in entering into the agreement. The parties further acknowledge that any statements or representations that may have heretofore been made by either of them to the other are void and of no effect and that neither of them has relied thereon in connection with his or its dealings with the other.

12. WAIVER OR MODIFICATION INEFFECTIVE UNLESS IN WRITING

No waiver or modification of this agreement or of any covenant, condition, or limitation herein contained shall be valid unless in writing and duly executed by the party to be charged therewith. Furthermore, no evidence of any waiver or modification shall be offered or received in evidence in any proceeding, arbitration, or litigation between the parties arising out of or affecting this agreement, or the rights or obligations of any party hereunder, unless such waiver or modification is in writing, duly executed as aforesaid. The provisions of this paragraph may not be waived except as herein set forth.

13. CONTRACT GOVERNED BY LAW

This agreement and performance hereunder shall be construed in accordance with the laws of the State of \_\_\_\_\_.

14. BINDING EFFECT OF AGREEMENT

This agreement shall be binding on and insure to the benefit of the respective parties and their respective heirs, legal representatives, successors, and assigns.

Executed on the date first above written.

\_\_\_\_\_, Employer

\_\_\_\_\_, Employee

ROOMING INC- 10 GREATEST COMPANIES  
EMPLOYEE CONFIDENTIALITY AGREEMENT  
PO BOX 5551 SCOTTSDALE AZ 85261-5551  
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This agreement is made on \_\_\_\_\_, 20\_\_\_\_,  
between \_\_\_\_\_,

Employer of \_\_\_\_\_, City  
of \_\_\_\_\_, State of \_\_\_\_\_,

and \_\_\_\_\_, Employee  
of \_\_\_\_\_, City  
of \_\_\_\_\_, State of \_\_\_\_\_.

For valuable consideration, Rooming Inc and Employee agree as follows:

1. The Employee agrees to keep all of the Employer's business secrets confidential at all times during and after the term of Employee's employment. Employer's business secrets include all information regarding the Employer's customers, supplies, finances, research, development, manufacturing processes, or any other technical or business information.
2. The Employee agrees not to make any unauthorized copies of any of Employer's business secrets or information without Employer's consent, nor to remove any of Employer's business secrets or information from the Employer's facilities.
3. The parties agree to the following additional terms:

Employee Signature \_\_\_\_\_

Dated: \_\_\_\_\_, 20\_\_\_\_\_

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CONSENT FOR RELEASE OF INFORMATION  
**REQUEST FOR CRIMINAL RECORD CHECK**

1. Applicant:

\_\_\_\_\_

Last First Middle

2. Maiden or Alias Names: \_\_\_\_\_

3. Social Security Number:

\_\_\_\_\_

4. Place of Birth:

\_\_\_\_\_

City/Town State Country

5. Date of Birth:

\_\_\_\_\_

Month Day Year

6. Telephone Number:

\_\_\_\_\_

Area Code Number

**RELEASE**

I, \_\_\_\_\_, hereby acknowledge and agree to a check of any criminal record of convictions which may be maintained by the Arizona

Criminal Information Center. I understand that the results of that check will be made available to **Rooming Inc.** for use in reviewing my suitability as an employee to consumers. I further understand that I have the right to appeal the results of the criminal record check to the Arizona Criminal Information Center, Department of Public Safety.

Signature of Applicant: \_\_\_\_\_ Date:

\_\_\_\_\_

Identity Verified by: \_\_\_\_\_

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

# DRUG TEST CONSENT AGREEMENT

ROOMING INC - 10 GREATEST COMPANIES  
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## Consent to Drug Testing

I hereby acknowledge that I have been advised of Rooming Inc's "Policy on Hallucinogenic, Narcotic, and Other Controlled Drugs and Substances and Drug Paraphernalia and Drug Testing Policy." I

Hereby further acknowledge that I am aware of the following specific requirements of that policy

***(Initial each item in the space provided indicating you have read it):***

\_\_\_\_\_ Rooming Inc will not tolerate the possession, solicitation, distribution, sale, or use of hallucinogenic, narcotic or other controlled drugs or substances or of drug paraphernalia.

\_\_\_\_\_ Violation of Rooming Inc's policy on controlled drugs and substances and drug paraphernalia will result in my being expelled from Rooming Inc.

\_\_\_\_\_ I may be required to submit to unannounced random urine drug test during the year.

\_\_\_\_\_ I may be directed to submit to drug testing by officials of Rooming Inc if a reasonable suspicion of drug use by me exists.

\_\_\_\_\_ Refusal to submit to drug testing in accordance with Rooming Inc. Drug Testing Policy will be regarded as the equivalent of a positive drug test and can also result in my being expelled from Rooming Inc.

\*\*\*\*\*

I have read and I understand Rooming Inc's "Policy on Hallucinogenic, Narcotic, and Other Controlled Drugs and Substances and Drug Paraphernalia," and by signing this form I agree to abide by the terms of that policy, and I hereby agree to Rooming Inc's Drug Testing Policy, and I consent to be tested for controlled drugs and substances as required by that policy. I further agree that refusal to submit to testing as required by Rooming Inc. Drug Testing Policy may subject me to being expelled from Rooming Inc.

Print Full Name Signature by Employee

\_\_\_\_\_

Street Address

\_\_\_\_\_

Signature by Parent/Guardian (if minor)

\_\_\_\_\_

City State ZIP

\_\_\_\_\_

Social Security

Number \_\_\_\_\_

Date \_\_\_\_\_

Complete and return original to Rooming Inc. Keep a copy for your records.





**ROOMING INC**  
**PO BOX 5551 SCOTTSDALE AZ 85261-5551**  
**602-348-2174**

[ROOMINGINC@HOTMAIL.COM](mailto:ROOMINGINC@HOTMAIL.COM), [WWW.10GREATESTCOMPANIES.COM](http://WWW.10GREATESTCOMPANIES.COM)

**TIME SHEET:**

EMPLOYEE NAME (PRINT): \_\_\_\_\_  
DATE: \_\_\_\_\_  
EMPLOYEE SOCIAL SECURITY NUMBER: \_\_\_\_\_  
CONSUMER: \_\_\_\_\_  
DATE START \_\_\_\_\_  
TIME \_\_\_\_\_  
END TIME TOTAL \_\_\_\_\_  
NO. OF HRS \_\_\_\_\_  
PAY RATE \_\_\_\_\_  
TOTAL HOURS: \_\_\_\_\_

I certify that the above information is true, accurate and complete. If form is not complete, I understand that it will be returned for completion/correction.

EMPLOYEE SIGNATURE: \_\_\_\_\_  
DATE: \_\_\_\_\_  
EMPLOYER SIGNATURE: \_\_\_\_\_  
DATE: \_\_\_\_\_  
EMPLOYER NAME PRINTED: \_\_\_\_\_

**NOTICE**

TIME SHEETS WILL E-MAILED TO YOU EVERY WEEK ON SUNDAY FOR THAT FOLLOWING WORK WEEK. YOU MUST E-MAIL YOUR TIME SHEETS AT THE END OF YOUR WORK WEEK ACCORDING TO THE PAY SCHEDULE IN ORDER TO BE PROCESSED ACCORDINGLY. TIME SHEETS MUST BE RECEIVED AT ROOMING INC BY SUNDAY OF THE PAY WEEK TO ENSURE PAYMENT. **ROOMING INC IS UNABLE TO ACCEPT FAXED TIME SHEETS AT THIS TIME.**

DATE	START TIME	END TIME	TOTAL NO.OF HRS	PAY RATE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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