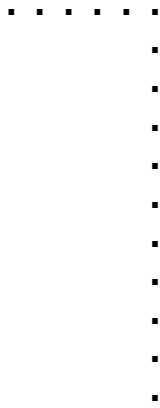




MALIBU

MANAGEMENT

ESTATE SERVICES



PO Box 6161
Malibu, CA 90264
Phone 310.317.6794
Fax 310.317.6790
www.malibumanagement.com

MALIBU MANAGEMENT ESTATE SERVICES

Our Vision:

Malibu Management is a financially abundant company that provides our owners and employees with a vehicle to discover their financial goals and dreams. We provide a workplace atmosphere that successfully blends family commitment, personal growth, teamwork, financial prosperity and an opportunity to live out your dreams. Our foundation is generosity and education, being students in the world. We touch the lives of every person we come in contact with in a positive way; our customers, our vendors, our neighboring businesses, our community. We are making a contribution to humanity!

Our Mission:

Our Mission at Malibu Management is to exemplify excellence in our services while providing detailed, efficient and personalized care to each client with the utmost confidentiality.

Our Purpose:

Our purpose is to provide excellent, consistent service for each client that is so outstanding they will tell their friends & family. Our service offerings are Estate Management, Lifestyle Concierge, Real Estate, Maintenance & Window Washing.

COMPENSATION & BENEFITS

Salary

Employees will be paid with a combination of one or more of the following: hourly, salary and bonus. Pay checks are distributed biweekly with direct deposit option. Increased compensation will occur as fast as you develop yourself and meet and exceed set goals. You will be required to pass a number of technical and knowledge tests to be eligible for promotion.

Education

All Malibu Management employees are required to attend quarterly education classes. We bring in outside educators to teach us technical and business skills. We promote continued education outside of the office as well and encourage our team to continue to develop their professional and personal skills. After 90 days, you are eligible to have ½ of your outside education paid for by Malibu Management with management approval. We have a budget of \$1000 per year per employee allotted for this purpose.

Health Insurance

You are eligible for our health insurance benefit after 90 days of employment. Malibu Management will pay up to \$200 of the costs. You are required to pay for any coverage for a spouse or child that you choose to receive coverage.

Paid Vacation

You are eligible for our paid vacation benefit after 1 year of employment. You will receive 1 week after your first year and two weeks after your second year, and thereafter.



It is Malibu Management's policy in the hiring process to make reasonable accommodations for persons with disabilities. If your disability prevents you from filling out this application form, please let us know and we will provide assistance.
Please complete ALL information.

Please print clearly

Date of application ____/____/____

Name _____ Position(s) applied for: _____
 LAST FIRST MIDDLE

Address _____ STATE/ZIP CODE
 STREET CITY

Permanent address if different from above _____
 STREET CITY STATE/ZIP CODE

Telephone # () _____ Mobile/ Other Phone # () _____ E-Mail Address _____

If you are under 18, and it is required, can you furnish a work permit? Yes No
 If no, please explain _____

Have you ever been employed here before? If yes, give dates and positions _____ Yes No

Are you legally eligible for employment in this country? Yes No

Date available for work ____/____/____ **What is your desired salary range?** \$ _____

Type of employment desired Full-Time Part-Time Temporary Seasonal Educational Co-Op
 Days/hours available to work
 Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____

Are you able to meet the attendance requirements of the position? Yes No

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? Yes No

If yes, please provide date(s) and details _____

ANSWERING YES TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL

Employment History

Provide the following information of your past four (4) employers, assignments or volunteer activities, starting with the most recent.

From _____ To _____	Employer _____	Telephone # _____ () _____
Job Title & Compensation	Address _____	
Immediate Supervisor and Title	Summarize the nature of work performed and job responsibilities _____	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		
From _____ To _____	Employer _____	Telephone # _____ () _____
Job Title & Compensation	Address _____	
Immediate Supervisor and Title	Summarize the nature of work performed and job responsibilities _____	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		

From	To	Employer	Telephone # () _____
Job Title & Compensation		Address	
Immediate Supervisor and Title		Summarize the nature of work performed and job responsibilities	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
From	To	Employer	Telephone #
Job Title & Compensation		Address	
Immediate Supervisor and Title		Summarize the nature of work performed and job responsibilities	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			

Background Check – This company utilizes routine background checks before employing applicants. If you authorize this company to perform a background check, please provide the information below and initial where indicated.

Social Security # _____ - _____ - _____ Date of Birth ____/____/____ I authorize background check _____
(Initial)

Skills and Qualifications

Summarize any training, licenses and/or certificates that may qualify you are being able to perform job-related functions in the position for which you are applying. _____

Educational Background (if job related.)

Name and Location	Number of Years Completed	Did You Graduate?		Course of Study
		Major	Degree	
High School				
College				
Other				

References

Name	Telephone	Years Known
	() _____	
	() _____	
	() _____	

Applicant Statement:

I certify that all information I have provided in order to apply for and secure work with Malibu Management is true, complete and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from Malibu Management's service, whenever it is discovered.

I expressly authorize, without reservation, Malibu Management, its representatives, employee or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that Malibu Management does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application will remain current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and Malibu Management reserves the right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreement contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date ____/____/____

AN EQUAL OPPORTUNITY EMPLOYER



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