

P.O. BOX 1387 • HEALDSBURG, CA 95448

APPLICATION FOR EMPLOYMENT - AN EQUAL OPPORTUNITY EMPLOYER

Engelke Construction, Inc. maintains a policy of the treating of all employees and applicants for employment without regard to race, color, creed, religion, national origin, gender, age, disability, marital status, veteran status, sexual orientation or affectional preference, citizenship or any other characteristic protected by law in all employment decisions, including but not limited to recruitment, hiring, compensation, training, apprenticeship, promotion, upgrading, demotion, downgrading, transfer, lay-off, termination and all other terms and conditions of employment.

| <u>SECTION I - PERSONAL INFORMATIO</u> | <mark>)N: (Pleas</mark> | <mark>e make all ar</mark> | nswers complete and accurate.) | |
|--|-------------------------|--|---|--|
| Date of Application:/ | | | Social Security Number: | |
| Last Name: | First Name: | | Middle Name: | |
| Current Address: Street No. | | | | |
| City | | State | Zip | |
| Home Phone #: () | | How long have you lived at this address? | | |
| If less than 10 years, please list previous a | ddresses: | | | |
| 1 | | | | |
| 2 | | | | |
| | | | | |
| 4 | | | | |
| Position Desired: | | | | |
| Shift Desired:Full TimePart T Weekends Date Available: | | | □Day □Night □Swing □Evenings | |
| Have you previously worked for Engelke (| Construction | on? 🗖 No | ☐ Yes Date: | |
| Do you have any relative(s), or persons win Engelke Construction? Yes No | th whom y | ou are invol | ved in a close personal relationship, employed by | |
| If yes, who: | Relationship: | | | |
| Contact name in case of emergency: | | | Phone Number: () | |

| SECTION II - EMPLOYMENT INFORMATION: |
|---|
| Are you at least 18 years of age? ☐ Yes ☐ No |
| Are you legally eligible to work in this country? \square Yes \square No (Note: proof of eligibility is required after hire) |
| PROFESSIONAL POSITIONS ONLY: Please indicate professional memberships, certificates or licenses held (exclude those indicating race, color, religion sex, sexual orientation, national origin, physical or mental disability, or labor organization affiliations). Supplement this information by written attachment if applicable. |
| Special Licenses: Issuing State License/Certification #: |
| Has your license/certification ever been revoked or suspended? ☐ Yes ☐ No |
| If yes, state reason(s), date of revocation or suspension and date of reinstatement: |
| Please list any paid or volunteer experience in your community: |
| ADDITIONAL INFORMATION: |
| Can you with or without reasonable accommodation, perform the essential functions of the position in which you are interested? Yes No |
| Are you presently employed: ☐ Yes ☐ No If yes, may we contact your present employer? ☐ Yes ☐ No |
| How did you learn of Engelke Construction? |
| MILITARY SERVICE: |
| Were you in the Armed Forces? |
| Dates of Service: (Month/Year) From/ To/ |
| List duties in Service, including special training: |
| |

SECTION III - EDUCATION BACKGROUND, MILITARY SERVICE, PROFESSIONAL POSITIONS AND ADDITIONAL INFORMATION:

| EDUCATION | NAME AND ADDRESS OF SCHOOL | COURSE OF STUDY | # OF YEARS ATTENDED | LIST DEGREE/DIPLOMA RECEIVED |
|--|--|-------------------------|------------------------|------------------------------------|
| High School | | | 1 2 3 4 | |
| College | | | 1 2 3 4+ | |
| Graduate | | | 1 2 3 4+ | |
| Technical or Business School | | | 1 2 3 4+ | |
| here. Indicate langer Read Write Have you graduated graduation | foreign language is listed on the job descripage(s) Speak Speak Speak I from any apprentice program? Yes Speak Stringly Yes Speak Sp | Read Write No If yes, p | please provide nar | me, type, and date of |
| | PLOYMENT DATA: Starting with your nutritional sheet if more space are required. | | | |
| | ployer Name: | | | |
| | | | | |
| Dates Employed: | | | | |
| • • | | | | |
| | | | | |
| Position(s) Held: | | | | |
| Name and Title of I | Immediate Supervisor: | | | |

Describe your duties:

| Name of Employer: | | |
|---|---|--|
| Address: | | |
| Dates Employed: | | |
| From:/ | To:/ | |
| Position(s) Held: | | |
| Name and Title of Immediate Sup | pervisor: | |
| | | |
| | | g: |
| | | |
| Address: | | |
| Dates Employed: | | |
| From:/ | To:/ | |
| Position(s) Held: | | |
| Name and Title of Immediate Sup | pervisor: | |
| Describe your duties: | | |
| May we contact this employer: | ☐ Yes ☐ No Reason for Leavin | g: |
| SECTION V - REFERENCES: I are not related to you. | Please provide the names, addresses and | d telephone number of two references who |
| Name | Address | Phone Number |
| Name | Address | Phone Number |
| Name | Address | Phone Number |

SECTION VI - ACKNOWLEDGMENT & SIGNATURE

I certify that all the information submitted by me on this application is true and complete, and I understand that any false information or omissions will lead to rejection of my application or, if I am employed, discipline up to and including termination at the time such false information or omissions are discovered.

I authorize investigation of all statements contained in this application, authorize Engelke Construction to secure information about my background and experience with former employers, education institutions and any relevant agencies, and authorize those parties to provide information to Engelke Construction concerning my background and experience. I release Engelke Construction, and all parties providing information to Engelke Construction about my background and experience, from any liability whatsoever arising therefrom.

My signature below certifies that I understand that if I am extended an offer of employment by Engelke Construction, my employment is contingent upon satisfactory completion of a medical examination, including a drug test, and submission of proof that I have the credentials and/or licenses (if relevant) necessary for the position that I am offered.

I understand that if I am employed, my employment with Engelke Construction may be terminated for any reason, with or without cause or notice, and at any time, by me or Engelke Construction. Nothing in this application, or in any oral or written statement provided to me by Engelke Construction will limit these rights to terminate my employment at will and no one will have any authority to change this at will relationship, unless such a change is in writing, signed by Jerry Engelke or pursuant to the terms of a collective bargaining agreement.

I understand that this application is only valid for the position applied for at present and that Engelke Construction is not obligated to retain or consider this application for future openings.

Engelke Construction ("the Company") and I agree that in consideration for my submission and the Company's acceptance of this application for employment, the Company and I will resolve any and all previously unasserted claims, disputes, or controversies arising out of or relating to my application or candidacy for employment with, or, if hired, my employment or termination from, the Company, exclusively by final and binding arbitration before a neutral arbitrator. All such claims and this agreement to arbitrate shall be governed by the Federal Arbitration Act, 9 U.S.C. Section 1-16. By way of example only, such claims include claims under federal, state, and local statutory or common law, such as the Age Discrimination in Employment Act, Title VI of the Civil Rights Act of 1964, as amended, including the amendments of the Civil Rights Act of 1991, the Americans with Disabilities Act, the California Fair Employment and Housing Act, unfair competition and unfair trade practice laws, the law of contract and the law of tort.

Unless controlling legal authority requires otherwise, there shall be no right or authority for any dispute to be heard or arbitrated on a class action basis, as a private attorney general, or on a basis involving disputes brought in a purported representative capacity on behalf of the general public, any other applicants for employment with the Company, or other persons similarly situated; provided, however, that any individual claim of the undersigned applicant is subject to this agreement to arbitrate. I further understand and agree that the Company's acceptance of this application for employment does not obligate the Company to offer me employment.

| Applicant's Signature | Date of Application: | | |
|-------------------------------|----------------------|--|--|
| | | | |
| FOR EMPLOYMENT DEPT. USE ONLY | | | |
| Interviewer's Signature | Date | | |