Application for Employment

*Pre-employment drug and alcohol screenings are required for all applicants*
Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of non-job related medical condition or handicap, or any other legally protected status.

Date of Application: ______________________  Position(s) applied for: ______________________

Referral source: Advertisement       Friend       Relative       Walk-In

Employment Agency       Other: ________________

Name: ________________________________

                  Last     First     Middle

Address: __________________________________________

                  Number, Street     City     State     Zip Code

Telephone: ___________________________  Social Security: ___________________________

1. If employed and you are under 18, can you furnish a work permit? 
   Yes   No

2. Have you filed an application here before? 
   Yes   No

   If yes, give date: __________________________

3. Have you ever been employed here before? 
   Yes   No

   If yes, give date: __________________________

4. Are you employed now? 
   Yes   No

   May we contact your current employer? 
   Yes   No

5. On what date will you be available for work? __________________________

6. Are you available to work: Full Time   Part Time   Shift Work   Temporary
   Yes   No

7. Are you on a lay-off and subject to recall? 
   Yes   No

8. Can you travel if a job required it? 
   Yes   No

Provide name, address, and telephone number of three references who are not related to you and are not previous employers.

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<th>Name</th>
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Employment Experience

Start with your present or last job. Include military service, assignments, and volunteer activities. You may exclude organization names which indicate race, color, religion, gender, national origin, handicap, or other projected status.

Employer: ___________________________  Job Title: ____________________
Address: ___________________________  Telephone: ____________________
Dates Employed- From: _____ To: _____  Wages- Starting: ____ Final: ____
Supervisor: ________________  Reason for Leaving: ____________________

Employer: ___________________________  Job Title: ____________________
Address: ___________________________  Telephone: ____________________
Dates Employed- From: _____ To: _____  Wages- Starting: ____ Final: ____
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Special Skills and Qualifications


Education

High School: _____________________________  City: _________________
Years Completed: ________________________  Graduated: Yes  No

College/University:_________________________  City: _________________
Years Completed: ________________________  Graduated: Yes  No

Describe specialized training, apprenticeship, skills, and extra-curricular activities:

Applicant’s Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment decision. The application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

The applicant understands that neither this document nor any offer of employment from the employer constitutes an employment contract unless the employer and employee execute a specific document to that effect in writing. In the event of employment, I understand that any false information presented in this application may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Bender CCP, Inc.

________________________________________  _______________________
Signature of Applicant                      Date
Personal Information

Date: ______________________

Name: ______________________

Address: __________________________________________

Drivers License #: ______________________

Home Phone: ______________________

Cell Phone: ______________________

E-mail Address: ______________________

Emergency Contact Information

Name: ______________________

Relationship: ______________________

Home Phone: ______________________  Cell/Work Phone: ______________________

Name: ______________________

Relationship: ______________________

Home Phone: ______________________  Cell/Work Phone: ______________________
Bender CCP, Inc. is a 100% drug free work place. I understand and acknowledge that Bender CCP, Inc. requires applicants for employment and/or contract work to submit a pre-employment as well as a random drug screen by urinalysis at the company’s expense. I understand that compliance with and consent to participate in pre-employment and random screening is a condition of employment and that I will be ineligible for employment if I refuse to participate in the screening process. Prior to testing, I agree to sign a consent form authorizing the testing and the release of results to Bender CCP, Inc.

I further understand that employment is contingent upon a negative drug screen which is required before an offer of employment is finalized. I will be denied employment if the results of my drug screen are positive for the presence of un-prescribed or controlled substances. In the case of a positive result, I will be ineligible to reapply for either six months or until clearance is received from a Bender CCP, Inc. designated drug testing facility, whichever period is the longest.

I also understand that if I am hired as an employee of Bender CCP, Inc. and I am under the constraints of an approved Medical Review Office (MRO) industrial rehabilitation random drug testing program allowing active return to duty, that I will be responsible for all associated costs incurred from positive and post-positive drug and alcohol test results during my tenure of employment, by payroll deduction if necessary.

I further understand that if I am hired as an employee of Bender CCP, Inc. and fail to pass any drug/alcohol random drug testing program, the company shall remove me from performing covered functions. Additional disciplinary action up to and including termination may result.

Return to drug testing and follow-up testing is an option under this addendum if performed in accordance with ASAP guidelines.

Applicant Signature               Date

Applicant Printed Name

Witness Signature                Witness Printed Name
Safety Program Commitment Letter

Safety in all Bender CCP, Inc. operations is not just a goal, it’s a requirement. To this end, we have formulated this written policy to govern all of the operations of Bender CCP, Inc. It is a condition of employment with Bender CCP, Inc. that all employees adhere faithfully to the requirements of this policy, as well as the safety rules, instructions, and procedures outlined in the company’s safety policy. Also, it is required that employees adhere faithfully to any owner established programs that may be specific to the worksite. Failure to follow these policies will result in disciplinary action.

All subcontractors and vendors of Bender CCP, Inc. must also adhere to the program and the safety rules, instructions, and procedures issued in conjunction with it, as well as all applicable state, federal, and local codes and regulations. Failure to comply is a breach of contract terms.

All visitors to Bender CCP, Inc., including but not limited to suppliers, owners, representatives, regulatory authorities, and insurance company representatives shall be required to follow all safety rules and regulations in effect during their visit.

Bender CCP, Inc. will make an effort to ensure that the operations of other contractors, not under their control, do not endanger the safety of our employees. To this end, all employees are required to report hazardous or unsafe activities of other employees to appropriate Bender CCP, Inc. officials.

The Safety Director, Managers, Foremen, and supervisors have the full support of management in enforcing the provisions of this program as it relates to responsibilities assigned to them.

_________________________________________
Date

_______________________________
Randy Potter - Owner / CEO

_______________________________
Ernie Trejo - Safety Manager

_________________________________________
Keith Hibbs - General Manager

_________________________________________
Supervisor Signature

_________________________________________
Applicant Name

_________________________________________
Applicant Signature
Release and Authorization Form

In accordance with my right to privacy, I have been advised by Bender CCP, 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 app personnel, educational institutions, government agencies, the Department of Justice and the Department of Youth Authority, companies, corporations, workers, compensation information, law enforcement agencies or individuals relating to 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, disciplinary, driving (DMV or MVR) records, and criminal or civil records.

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

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 on 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 of such statements and/or answers were 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 Liberty Alliance, Inc. I have also stated 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 Liberty Alliance Inc., 22707 La Palma Ave., Yorba Linda, CA 92887, telephone (800)630-2880. The files are available for review by appointment, by certified mail, or telephonically with proper identification.

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.

PLEASE PRINT CLEARLY

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

Street Address       City          State       Zip Code

Date of Birth     Drivers License Number  State          Social Security Number

Last Name as it appears on License __________________________

Signature of Applicant __________________________ Date

Would you like to receive a copy of the investigative report?  □ Yes   □ No
Background Information

Full Name (Last, First, Middle) ________________________________

Current Address ____________________________________________
Street Address    City    State    Zip

Current Phone Number (including area code) ______________________

Previous addressed for the last 10 years
1. __________________________________________________________
2. __________________________________________________________
3. __________________________________________________________
4. __________________________________________________________

Since the age of 18, have you EVER been convicted of a FELONY?    ___ Yes    ___ No
If yes, list below: A conviction does not automatically disqualify a person from employment.

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<th>Policy Agency</th>
<th>Charge</th>
<th>Disposition</th>
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Were you ever in the Military?    ___ Yes    ___ No    ________________________ Branch

If yes, have you ever been convicted of a Military Court Martial?    ___ Yes    ___ No

Use another sheet for any additional information if needed.

Printed Name: ________________________________________________

Signature: __________________________________________      Date: ____________________________
Contraband Policy

Please be advised that the following is a statement of Bender CCP, Inc. concerning drugs, alcohol, weapons, etc.

Drugs, Alcohol, Weapons, Etc.

No illegal or unauthorized drugs, intoxicating beverages, firearms of weapons (herein collectively called "contraband") or persons under the influence of drugs, stimulants, or alcohol are allowed on company premises or on the premises of any of our customers. Illegal drugs include marijuana and any other controlled substances not prescribed by a licensed physician for use by the person possessing them.

If you are in agreement with the above policy, please sign the statement below.

I, ___________________________________________, have read and agree to the drug and alcohol policy put forward by Bender CCP, Inc. I also agree to cooperate with any search policy initiated at any time by the company for the purpose of safety on the job.

_________________________________________                  ____________
Signature                                           Date
**Equal Employment Opportunity**

It is the policy of Bender CCP, Inc. to give equal opportunity to all qualified persons without regard to race, color, religion, sex, marital status, handicap, or national origin.

All employment practices are to provide that all individuals be recruited, hired, assigned advanced, compensated, and retained on the basis of their qualifications, and treated equally in these and all other respects without regard to race, color, religion, sex, marital status, handicap, or national origin.

It shall be considered the responsibility of every supervisory employee to further the implementation of this policy and ensure the conformance by his or her subordinates.

Supervisory personnel as well as those responsible for hiring new employees must take all necessary action in the elimination of possible discrimination towards employees and applicants for employment with Bender CCP, Inc. in all categories and levels of employments and employee relations.

_____________________________  ____________________
Signature                      Date