

APPLICATION FOR EMPLOYMENT

We appreciate your interest in Sonoma Reinforcing Inc. (SRI). SRI is an equal employment opportunity employer. The Company's policy is not to discriminate against any applicant or employee based on race, color, sex, religion, national origin, age (40 and over), disability, military status, genetic information, or any other basis protected by applicable federal, state, or local laws. SRI also prohibits harassment of applicants or employees based on any of these protected categories. It is also SRI policy to comply with all applicable federal, state, and local laws respecting consideration of unemployment status in making hiring decisions.

Note to Applicants: Smoking is prohibited in all areas of SRI unless designated smoking areas have been established by a particular location in accordance with applicable state and local law.

GENERAL INFORMATION

Please complete all requested information. Use ink and print.

| | | |
|--|------------------|--|
| Location | Today's Date | Position Applying For |
| Name (Last) | (First) (Middle) | Date Available for Work |
| Street Address | | Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| City | State Zip | Telephone (Home) Telephone (Work) () - () - |
| Have you ever used any other name(s) which is (are) necessary for us to know in order for us to verify your employment or educational record? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Are you available to work overtime as needed? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please provide the other name(s): | | If yes, are you available weekdays? weekends? |
| Have you previously worked for or applied for a position with SRI, either as an employee or through an employment agency? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Are you related to or in a close personal relationship with anyone now employed at SRI? (An answer of "Yes" will not automatically disqualify you from the position for which you are applying.) Yes No |
| If yes, please explain when and, if employed, in what capacity: | | If yes, state name(s) and where they are located. |
| Are you able to perform all of the essential functions of the position for which you have applied with or without a reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

PERMISSION TO WORK

| |
|--|
| Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Will you now or in the future require sponsorship for employment visa status (e.g., H-1B status)? <input type="checkbox"/> Yes <input type="checkbox"/> No |

REFERRAL INFORMATION

| | |
|--|--|
| How did you learn about SRI? | |
| <input type="checkbox"/> Employment Agency (state name): _____ | <input type="checkbox"/> School (state name): _____ |
| <input type="checkbox"/> Reputation of Firm _____ | <input type="checkbox"/> Newspaper ad (name of paper): _____ |
| <input type="checkbox"/> Referral (state name): _____ | <input type="checkbox"/> Other: _____ |

WORK EXPERIENCE

Please specify your complete full-time and part-time employment history, including self-employment. You may include any verified work performed on a volunteer basis. Begin with your most recent employer. If you require additional space, please use the reverse side of this page and/or the following page.

| | | |
|---|---|---|
| | Company Name | Telephone () - |
| | Address | Employed (Month and Year) From To |
| 1 | Name, Title, and Phone Number of Supervisor | |
| | Job Title, and Work Responsibilities | Reason for Leaving: |

| | | |
|---|---|---|
| 2 | Company Name | Telephone () - |
| | Address | Employed (Month and Year) From To |
| | Name, Title, and Phone Number of Supervisor | |
| | Job Title, and Work Responsibilities | Reason for Leaving: |

| | | |
|---|---|---|
| 3 | Company Name | Telephone () - |
| | Address | Employed (Month and Year) From To |
| | Name, Title, and Phone Number of Supervisor | |
| | Job Title, and Work Responsibilities | Reason for Leaving: |

(Employment record continued on next page.)

WORK EXPERIENCE (CONTINUED)

Please specify your complete full-time and part-time employment history, including self-employment. You may include any verified work performed on a volunteer basis. Begin with your most recent employer. If you require additional space, please use the reverse side of this page and/or the following page.

| | | |
|----------|---|---|
| 4 | Company Name | Telephone () - |
| | Address | Employed (Month and Year) From To |
| | Name, Title, and Phone Number of Supervisor | |
| | Job Title and Work Responsibilities | Reason for Leaving: |

All employers including your current employer may be contacted to verify the information you provide. May we contact your current employer prior to any offer of employment? Yes No

PROFESSIONAL REFERENCES

Individuals not related to you. Business references preferred.

| Name | Occupation | Phone | Address | Years Known and Capacity |
|------|------------|-------|---------|--------------------------|
| | | | | |
| | | | | |
| | | | | |

EDUCATION & TRAINING

Please include name, street, city, state and zip code for each school.

| School | Name and Location of School | Number of Years Completed | Degree | Type of Course/Major |
|------------------------------|-----------------------------|---------------------------|--------|----------------------|
| Graduate | | | | |
| College | | | | |
| High School | | | | |
| Business/Trade/ Technical | | | | |

JOB-RELATED S K I L L S AND QUALIFICATIONS

Please summarize your job-related skills and qualifications:

ADDITIONAL EMPLOYMENT INQUIRIES

If applying for a position that will include driving:

If hired, can you provide a valid driver's license? Yes No

If hired, you may be required to provide evidence of insurance or insurability.

Emergency Contact Person

Name: _____ Phone Number: _____

APPLICANT'S STATEMENT & ACKNOWLEDGMENT

THIS APPLICATION IS NOT COMPLETE UNTIL IT IS FULLY COMPLETED, SIGNED, AND ALL STATEMENTS BELOW HAVE BEEN READ AND INITIALED.

Initial: _____ I certify that all of the information furnished on this application and during the application process is true, complete and correct to the best of my knowledge. I understand that any misrepresentation or omission of facts called for may result in refusal to hire or, if hired, may result in my dismissal at any time regardless of when the false answer or omissions are discovered.

Initial: _____ I recognize that this employment application is not an offer of employment. I agree that if I am hired by the Company, **I will be an at-will employee**, meaning that either the Company or I may end the employment relationship at any time with or without cause or notice. I understand that only the President of SRI, and no manager, supervisor, or other representative of the Company, has authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the at-will employment relationship, and with respect to any agreement entered into by the President, any such agreements must be in writing and signed by the President and by me or my authorized representative.

Initial: _____ I further understand and agree that, except for my at-will employment status, if hired, my wages, hours, working conditions, job assignment(s), and compensation rate(s) will be subject to change by SRI.

Initial: _____ I understand that if I am offered employment, I may be required to sign a non-solicitation and non-disclosure agreement, as a condition of the employment.

Initial: _____ I understand that the Company may share the information contained in this application with other Company employees for employment and administrative purposes and hereby consent to such transfer.

Initial: _____ I hereby authorize, to the extent allowed by applicable federal, state, and local laws, SRI to conduct its own investigation of my references, employment history and education and, further, authorize the references and prior employers I have listed to disclose to the Company information related to my employment history and qualifications for the position for which I am applying, without giving me prior notice of such disclosure.

Initial: _____ I understand and expressly agree that if employed by the Company, storage areas provided for me (locker, desk, etc.) are open to investigation by the Company without prior notice to me.

Initial: _____ **California and Oregon Applicants:** I understand that the Company may not ask or require applicants to disclose past salary, wages or other compensation.

My signature below certifies that I agree to be bound by the terms and conditions stated in this application, which contains all the understandings between the Company and me concerning the topics addressed herein, and supersedes any prior inconsistent understandings between the Company and me on such issues.

APPLICANT'S SIGNATURE

DATE

This application will only be considered for 30 days. If you have not been hired within 30 days of submitting this application and you wish to continue to be considered for employment, you must complete another application.