



# PrimeTech Cabinets

## APPLICATION FOR EMPLOYMENT *Aplicación De Empleo*

Prime Tech Cabinets, Inc. is an equal employment opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, religion, sex, national origin, pregnancy, age, marital status, sexual orientation, gender identity/gender expression, veteran status, genetic information, disability or other protected characteristics prohibited by federal, state, or provincial law.

*Prime Tech Cabinets, Inc. es un empleador de igualdad de oportunidades, dedicado a una política de no discriminación en el empleo sobre una base como la raza, religión, sexo, origen nacional, embarazo, edad, estado civil, orientación sexual, identidad de género / expresión de género, condición de veterano, información genética, discapacidad u otras características protegidas prohibidos por las leyes federales, estatales o provinciales.*

### PERSONAL INFORMATION / Información Personal

Name (Last Name, First) / <b>Nombre (Apellido, Nombre)</b>		Date of Application / Fecha de Aplicación:	
Address / <b>Domicilio</b>	City / <b>Ciudad</b>	State / <b>Estado</b>	Zip code / <b>Código Postal</b>
Home # / # de Teléfono del Hogar :!: CELL # / # de CELULAR :! :!		Referred by / <b>Referido por</b>	
If related to anyone in our Company, state name and department? <i>¿Si tiene algún familiar en nuestra compañía, escriba el nombre y departamento?</i>			

### EMPLOYMENT DESIRED / Empleo Deseado

Position Desired / <b>Posición deseada</b>	Date you can start / <b>Fecha en la que pueda comenzar</b>	Salary Desired / <b>Salario deseado</b>
What work shifts are you available for? <i>¿Cuál turno de trabajo estas disponible?</i>	Day or Evening? <i>¿Dia o tarde?</i>	Are there any days or times you cannot work? Please list... <i>¿Hay días o horas en que <u>no</u> puede trabajar? Por Favor de listar...</i>  Can you work overtime if required? <i>¿Puede trabajar overtime?</i> Yes / <b>Si</b> <input type="checkbox"/> No / <b>No</b> <input type="checkbox"/>
Are you employed? <i>¿Está empleado?</i> Yes / <b>Si</b> <input type="checkbox"/> No / <b>No</b> <input type="checkbox"/>	Can we contact your present employer? <i>¿Podemos comunicarnos con su empleador presente?</i> Yes / <b>Si</b> <input type="checkbox"/> No / <b>No</b> <input type="checkbox"/>	
Ever applied to this company before? <i>¿Ha aplicado en esta compañía antes?</i> When/cuándo?: _____ Yes / <b>Si</b> <input type="checkbox"/> No / <b>No</b> <input type="checkbox"/>	Have you worked for this company before? <i>¿Trabajó para la empresa antes?</i> Yes / <b>Si</b> <input type="checkbox"/> No / <b>No</b> <input type="checkbox"/>	If so, what department? <i>¿Si trabajó, en cuál departamento?</i>  Reason for leaving? <i>Motivo de salida?</i>
Are you 18 years of age or older? <i>¿Tiene Usted 18 años o más?</i> Yes / <b>Si</b> <input type="checkbox"/> No / <b>No</b> <input type="checkbox"/>	Do you have a "valid" CA driver 's license? <i>¿Tiene una licencia de conducir "válida"?</i> Yes / <b>Si</b> <input type="checkbox"/> No / <b>No</b> <input type="checkbox"/>	If hired are you able to provide proof of authorization to work in the U.S.? <i>¿Si usted es contratado, puede usted comprobar que tiene autorización para trabajar en los EU?</i> Yes / <b>Si</b> <input type="checkbox"/> No <input type="checkbox"/>
Can you perform the basic functions of the position for which you are applying with or without reasonable accommodation? <i>¿Puede realizar las funciones básicas de la posición para la cual usted está solicitando con o sin acomodo razonable?</i> Yes / <b>Si</b> <input type="checkbox"/> No / <b>No</b> <input type="checkbox"/>		
Do you have reliable transportation? <i>¿Tiene transporte confiable?</i> Yes / <b>Si</b> <input type="checkbox"/> No / <b>No</b> <input type="checkbox"/>		
Would you be willing to submit to a post-offer drug test and/or medical examination? <i>¿Estaría usted dispuesto a someterse a una prueba de drogas después de la oferta y / o examen médico?</i> Yes / <b>Si</b> <input type="checkbox"/> No / <b>No</b> <input type="checkbox"/>		

**EDUCATION / Educación**

	Name & Address / <i>Nombre y Domicilio</i>	Years attended <i>Años que atendió</i>	Did you graduate? <i>¿Se graduó?</i>	Diploma / Degree
College <i>Preparatoria</i>				
Trade School <i>Escuela de Especialidad</i>				

**GENERAL INFORMATION / Información General**

Training or Skills / <i>Entrenamiento o Conocimientos</i>	
U.S. Military Service / <i>Servicio Militar</i>	Rank / <i>Rango</i>

**FOR PRODUCTION OPERATORS/OPERADORES DE PRODUCCION**

Can you drive a forklift? <i>¿ Puede conducir una carretilla elevadora?</i>	Do you understand U.S. measurement? <i>¿Entiende usted la medición estadounidense?</i>	Have you worked with saws? <i>¿ Has trabajado con sierras?</i>	Have you worked with "Wood" <i>¿Has trabajado con "Madera"?</i>
Yes / <i>Si</i> <input type="checkbox"/> No / <i>No</i> <input type="checkbox"/>	Yes / <i>Si</i> <input type="checkbox"/> No / <i>No</i> <input type="checkbox"/>	Yes / <i>Si</i> <input type="checkbox"/> No / <i>No</i> <input type="checkbox"/>	Yes / <i>Si</i> <input type="checkbox"/> No / <i>No</i> <input type="checkbox"/>

**PREVIOUS EMPLOYMENT / Empleos Anteriores**

Please list all of your previous employers, with the most recent employer first. You must provide this information even if your resume has been submitted. Please provide all information requested, including any gaps of employment. You may attach additional pages if necessary. You must indicate the reason for leaving your previous employers. Please do not write "see resume."

Date / <i>Fecha</i> Month / <i>Mes</i> Year / <i>Año</i>	Name & Address <i>Nombre y domicilio</i>	Position / <i>Posición</i>	Reason for leaving <i>Razón que dejó el empleo</i>
(1.) From / <i>De:</i>	Company / <i>Empresa:</i> _____		
To / <i>Hasta:</i>	Supervisor / <i>Supervisor:</i> _____ Phone # / <i># de Teléfono:</i> _____		
(2.) From / <i>De:</i>	Company / <i>Empresa:</i> _____		
To / <i>Hasta:</i>	Supervisor / <i>Supervisor:</i> _____ Phone # / <i># de Teléfono:</i> _____		
(3.) From / <i>De:</i>	Company / <i>Empresa:</i> _____		
To / <i>Hasta:</i>	Supervisor / <i>Supervisor:</i> _____ Phone # / <i># de Teléfono:</i> _____		

**REFERENCES / Referencias**

Name / <i>Nombre</i>	Address & phone # / <i>Domicilio &amp; # de teléfono</i>	Business / <i>Negocio</i>	<i>Años conocido</i>
(1)			
(2)			
(3)			

**Please read through each of the following statements and initial in the box provided. Once you have read through each section and initialled where indicated, please sign at the bottom of this page.**

	I hereby state that all the information that I have provided on this application, and in any job interview, is true, complete and correct. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand if selected for hire, it will be necessary for me to provide satisfactory evidence of my 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.
	I understand that I may be required to submit to a test for the presence of controlled substances and/or illegal drugs in my system prior to employment and at any time during my employment, to the fullest extent permitted by law. I also understand that my ability to begin employment may be contingent upon my passing of a drug test and/or physical examination performed by a doctor selected by the Company. I consent to the disclosure of the results of any drug test and/or physical examination to the Company.
	I understand that the Company may investigate my criminal record and my employment history. I further understand that the Company may contact my previous employers and I authorize those employers to disclose to the Company all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against the Company my former employers, their agents, employees and representatives, as well as other individuals who disclose information to the Company and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I authorize the person named as references to provide the Company with any pertinent information they may have regarding me.
	I understand that if hired, the Company can change wages, benefits, and regulations, terms and conditions at any time and for any reason. I agree to comply with and be bound by the rules and regulations of the Company as in effect from time to time.
	If hired, I agree that my employment will be terminable at-will and for no definite period. I agree that my employment may be terminated by the Company or myself at any time and for any reason whatsoever, with or without good cause. No implied, oral or written agreements contrary to the express language of this agreement or purporting to amend or modify this agreement are valid unless they are in writing and signed by the President of the Company. I understand that no supervisor or representative of the Company, other than the President of the Company has any authority to make any agreement contrary to the foregoing and only in writing. This agreement and the Employee Handbook constitutes the entire agreement between myself and the Company regarding the rights of the Company or myself to terminate my employment with or without good cause, and this agreement takes the place of all prior and contemporaneous agreements, representation, and understandings of myself and the Company.
	I agree that any claim, dispute, or controversy (including, but not limited to, any and all claims of discrimination and harassment) which would otherwise require or allow resort to any court or other governmental dispute resolution forum between myself and the Company (or its owners, directors, officer, managers, employees, agents, and parties affiliated with its employee benefit and health plans) arising from, related to, or having any relationship or connection whatsoever with my seeking employment with, employment by, or other association with the Company, whether, based on tort, contract, statutory, or equitable law, or otherwise, (with the sole exception of claims arising under the National Labor Relations Act which are brought before the National Labor Relations Board, claims for medical and disability benefits under the California Workers Compensations Act, and Employment Development Department claims), shall be submitted to and determined exclusively by binding arbitration under the Federal Arbitration Act, in conformity with the procedures of the California Arbitration Act (Cal., Code Civ. Proc. Sec 1280 et seq., including Section 1283.05 and all of the Act's other mandatory and permissive rights to discovery); provided, however, that: In addition to requirements imposed by law, any arbitrator herein shall be a retired California Superior Court judge and shall be subject to disqualification on the same grounds as would apply to a judge of such court. To the extent applicable in civil actions in California courts, the following shall apply and be observed: all rules of pleading (including the rights of demurrer), all rules of evidence, all rights to resolution of the dispute by means of motions for summary judgment, judgment on the pleadings, and judgment under Code of Civil Procedure Section 631.8. Resolution of the dispute shall be based solely upon the law governing the claims and defenses pleaded, and the arbitrator may not invoke any basis (including but not limited to notions of "just cause") other than such controlling law. The arbitrator shall have the immunity of a judicial officer from civil liability when acting in the capacity of an arbitrator, which immunity supplements any other existing immunity. Likewise, all communications during or in connection with the arbitration proceedings are privileged in accordance with Cal. Civil Code Section 47 (b). As reasonably required to allow full use and benefit of this agreement's modifications to the act's procedures, the arbitrator shall extend the times set by the act for the giving of notices and setting of hearings. Awards shall include the arbitrator's written reasoned opinion and, at either party's written request within 10 days after issuance of the award, shall be subject to reversal and remand, modification, or reduction following review of the record and arguments of the parties by a second arbitrator who shall, as far as practicable, proceed according to the law and procedures applicable to appellate review by the California Court of Appeal of a Civil judgment following court trial.
	<b>I understand that by agreeing to this arbitration provision, both I and the company give up our rights to trial by jury, and I hereby knowingly and voluntarily waive my rights to a jury trial.</b>
	If you have any questions regarding this statement, please ask a Company representative before signing. I hereby acknowledge that I have read the above statements and understand the same.
	If my application is accepted for employment, I understand that it is my responsibility to keep accurate and complete record of my hours worked each day

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENTS AND AGREEMENT**

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

Date \_\_\_\_\_

**Prime Tech Cabinets, Inc. is an Equal Employment Opportunity Employer.**

The information below is needed to measure the effectiveness of our recruitment efforts and is in conformity with federal government guidelines, which require us to compile statistical information about applicants for employment. You are not required to furnish this information, but are encouraged to do so. The law provides that an employer may neither discriminate on the basis of this information nor on whether you choose to furnish it. This voluntary information sheet will be kept in a confidential file separate from the application for employment.

**EEO VOLUNTARY SELF-IDENTIFICATION FORM (Please read all information before completing this form).**

<b>Print Name:</b>	<b>Date:</b>	
<b>Invitation to Self-Identify</b>		
Male	Female	Other, please specify: _____
<b><u>Race/Ethnicity</u></b>		
Please mark the one box that describes the race/ethnicity category with which you primarily identify:		
<ul style="list-style-type: none"><li>• <b>Hispanic or Latino:</b> A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of ethnicity.</li><li>• <b>White (Not Hispanic or Latino):</b> A person having origins in any of the original peoples of Europe, North Africa or the Middle East.</li><li>• <b>Black or African American (Not Hispanic or Latino):</b> A person having origins in any of the black ethnic groups of Africa.</li><li>• <b>Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino):</b> A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</li><li>• <b>Asian (Not Hispanic or Latino):</b> A person having origins in any of the peoples of the Far East, Southeast Asia, the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.</li><li>• <b>American Indian or Alaska Native (Not Hispanic or Latino):</b> A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.</li><li>• <b>Two or More Races (Not Hispanic or Latino):</b> All persons who identify with more than one of the above five races.</li></ul>		
<b><u>Veteran Status</u></b>		
Please check <i>all</i> that describe your veteran status:		
<ul style="list-style-type: none"><li>• <b>SPECIAL DISABLED VETERAN:</b> Means (A) a veteran who is entitled to compensation (or who, but for receipt of military retired pay, would be entitled to compensation) under laws administered by the Department of Veteran Affairs for a disability rated at 10 or 20 percent in the case of a veteran who has been determined to have a serious employment disability of (B) a person who was discharged or released from active duty because of a service-connected disability.</li><li>• <b>VIETNAM-ERA VETERAN:</b> A Vietnam-Era veteran is a person who (1) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released with other than a dishonorable discharge; (2) was discharged or released from active duty for a service connected disability if any part of such active duty was performed between August 5, 1964 and May 7, 1975; or (3) served on active duty for more than 180 days and served in the Republic of Vietnam between February 28, 1981 and May 7, 1975.</li><li>• <b>OTHER PROTECTED VETERAN:</b> A veteran in one of the following groups: (A) veterans who served in a "war"; (B) veterans whose service in a campaign or expedition for which a campaign badge has been authorized or an expeditionary medal has been awarded. This includes a number of military engagements.</li><li>• <b>RECENTLY SEPARATED VETERAN:</b> Any veteran who began employment at PCM within one year of being discharged or released from active duty in the U.S. military, ground, naval or air service.</li></ul>		
Latest military discharge date: _____		

Qualified applicants are considered for employment without regard to race, religion, sex, national origin, pregnancy, age, marital status, sexual orientation, gender identity/gender expression, veteran status, genetic information, disability or other protected characteristics.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENTS AND AGREEMENT**

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

Date \_\_\_\_\_