

APPLICANT	T INFORMATIC	N										
Last Name			First	First				M.I.	Date			
Street Address									Apartment/Unit #			
City			State	State				ZIP				
Phone				E-mail Ad	ddress							
Date Available Social Secur			urity No.	rity No.								
Position Applied	d for											
Are you author States?	orized to work in th	e United	YES 🗌	NO 🗆								
Have you eve	r worked for this c	ompany?	YES 🗌	NO 🗆	If so, v	hen?						
Have you ever	r been convicted o	f a felony?	YES	NO 🗆	If yes,	explair	1					
EDUCATIO	N											
High School				Address								
From	То	Did you gra	aduate?	YES 🗆	NO \square	Deg	gree					
College				Address								
From	То	Did you gra	aduate?	YES 🗆	NO 🗆	Deg	gree					
Other				Address								
From	То	Did you gra	aduate?	YES 🗌	NO 🗆	Deg	gree					
REFERENC	CES											
Please list thr	ree professional re	eferences.										
Full Name						Relatio	nship)				
Company						Phone	()			
Address												
Full Name						Relatio	nship)				
Company						Phone	()			

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Address								
Full Name				Relationship				
Company				Phone ()				
Address								
PREVIOUS I	EMPLOYMENT							
Company	Phone ()							
Address	Supervisor							
Job Title			Starting Salary	\$		Ending Salary	\$	
Responsibilities								
From	То	Reason for Leaving	I					
May we contact reference?	your previous super	visor for a	YES 🗌	NO 🗆				
Company				Phone ()				
Address				Supervisor				
Job Title			Starting Salary	\$		Ending Salary	\$	
Responsibilities								
From To Reason for Leaving								
May we contact reference?	your previous super	visor for a	YES 🗆	NO 🗆				
Company				Phone ()				
Address				Supervisor				
Job Title			Starting Salary	\$		Ending Salary	\$	
Responsibilities								
From	То	Reason for Leaving	I					
May we contact reference?	your previous super	visor for a	YES 🗆	NO 🗆				
MILITARY S	SERVICE							
Branch					From	То		
Rank at Discharge					Туре с	of Discharge		
If other than ho	norable, explain							

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DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

I hereby delegate American Builders Supply as my agent for receipt of information. I understand that the scope of the investigation will be limited criminal and/or civil records that relate to my honesty, integrity, and/abilities.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

Signature	Date	
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BACKGROUND CHECK DISCLOSURE AND AUTHORIZATION FORM

In the interest of maintaining the safety and security of our customers, employees and property, <u>American Builders Supply</u> (the "Company") will order a "consumer report" (a background report) or "investigative consumer report" on you in connection with your employment application, and if you are hired, or if you already work for the Company, may order additional background reports on you for employment purposes.

The background check company, ADP Screening and Selection Services, will prepare the background report for the Company. ADP Screening and Selection Services is located at 301 Remington Street, Fort Collins, CO, 80524, and can be reached by phone at 800-367-5933 or at their Internet Web site address www.adpselect.com.

The background report may contain information concerning your character, general reputation, personal characteristics, mode of living, and credit standing. The types of information that may be ordered include but are not limited to: Social Security number verification; criminal, public, educational and, as appropriate, driving records checks; verification of prior employment; reference, licensing and certification checks; credit reports; drug testing results; if applicable, workers' compensation injuries. The Company may order a background report under your legal name and any other names you may have used. Workers' compensation information will only be requested in compliance with federal Americans with Disabilities Act and/or any other applicable federal, state or local laws and only after a conditional job offer is made. Credit history will only be requested when permitted by law and where such information is substantially related to the duties and responsibilities of the position for which you are applying. The information may be obtained from private and public record sources, including personal interviews with your associates, friends, and neighbors. (An "investigative consumer report" is a background report that includes information from such personal interviews, except in California where that term means any background report that is not a credit report.) The nature and scope of the most common form of investigative consumer report is an investigation into your education and/or employment history conducted by ADP Screening and Selection Services or another outside organization.

You may request more information about the nature and scope of an investigative consumer report, if any, by telephoning the Company at 407-321-3667. A summary of your rights under the Fair Credit Reporting Act is also being provided to you with this form.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find these rights summarized on <u>A Summary of Your Rights Under the Fair Credit Reporting Act</u> and <u>A Summary of Your Rights Under the Provisions of California Civil Code</u> Section 1786.22 as provided here.

AUTHORIZATION FOR BACKGROUND CHECKS

After carefully reading this Background Check Disclosure and Authorization form, I authorize the Company to order my background report, including investigative consumer reports, under my legal name, including any former names I may have used. I understand that the Company may rely on this authorization to order additional background reports, including investigative consumer reports, during my employment without asking me for my authorization again as allowed by law.

I also authorize the following agencies and entities to disclose to ADP Screening and Selection Services and its agents all information about or concerning me, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; if applicable, worker's compensation injuries; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. Workers' compensation information will only be requested in compliance with federal Americans with Disabilities Act and/or any other applicable federal, state or local laws and only after a conditional job offer is made. The information that can be disclosed to ADP Screening and Selection Services and its agents includes, but is not limited to, information concerning my employment history, earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses and substance abuse testing.

I agree the Company may rely on this authorization to order background reports, including investigative consumer reports, from companies other than ADP Screening and Selection Services without asking me for my authorization again as allowed by law. I also agree that a copy of this form is valid like the signed original. I certify that all of the personal information I provided is true and correct.

Last Name	First	Middle	
Signature		/ // Date: (Month/Day/Ye	ear)

Please print your legal name:

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BACKGROUND CHECK INFORMATION:

The information requested below is collected solely for the purpose of aiding the Company in running a background check in connection with your application for employment. The employer is requesting that you provide this information to assist in conducting a thorough background check.

First Name	Middle Name	Last Name	
Date of Birth//	(Month/Day/Year)		
Social Security Number			
Driver's License Number		State Issuing License	
Enter Nickname(s) Used			
Enter Any Other Names Used	(including maiden names):		
First Name	Middle Name	Last Name	
First Name	Middle Name	Last Name	
First Name	Middle Name	Last Name	
		(use a separate sheet as needed)	
City/State/ZIP			
Prior Street Address			
Prior City/State/ZIP			
From / /	(Month/Day/Year) To /	/ (Month/Day/Year)	

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Para informacion en espanol, visite <u>www.consumerfinance.gov/learnmore</u> o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

- You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment or to take another adverse action against you must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - . a person has taken adverse action against you because of information in your credit report;
 - . you are the victim of identity theft and place a fraud alert in your file;
 - . your file contains inaccurate information as a result of fraud;
 - . you are on public assistance;
 - . you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.

 Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- Access to your file is limited. A consumer reporting agency may provide information about you only to people with a
 valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The
 FCRA specifies those with a valid need for access.
- You must give your consent for reports to be provided to employers. A consumer reporting agency may not give
 out information about you to your employer, or a potential employer, without your written consent given to the
 employer. Written consent generally is not required in the trucking industry. For more information, go to
 www.consumerfinance.gov/learnmore.
- You may limit "prescreened" offers of credit and insurance you get based on information in your credit report. Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer
 reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in
 state or federal court.
- Identity theft victims and active duty military personnel have additional rights. For more information, visit
 www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local protection agency or your state Attorney General. For information about your federal rights, contact: Human Resources

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American Builders Supply Drug Testing Consent Form

Pre-Employment- Every candidate applying for a job at American Builders Supply will be required to report to a local testing facility and provide the required specimens for analysis. If the test results are positive for unauthorized drugs, the individual will be denied employment and informed as to the reason.

I hereby authorize any physician, laboratory, hospital or medical professional retained by American Builders Supply for screening purposes to conduct such screening and to provide the results to American Builders Supply, and I release American Builders Supply and any person affiliated with American Builders Supply and any such institution or person conducting the screening, from liability therefore.

Applicant's Signature:	
Applicant's Name:	
Date:	

All new applicants that are employed by American Builders Supply, who resign or are terminated from their position within their 90 day probationary period, will be responsible for reimbursement of the cost for the pre-employment drug/Alcohol test.

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