

REFERENCES

Professional/Work References we may contact (relatives or household members may not serve as reference)

| | | |
|--|--------------------------|------------------------------|
| LAST NAME | FIRST NAME | OCCUPATION |
| | | |
| ADDRESS (street number, name, city, state, zip code) | DAY PHONE NUMBER () () | EVENING PHONE NUMBER () () |

| | | |
|--|--------------------------|------------------------------|
| LAST NAME | FIRST NAME | OCCUPATION |
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| ADDRESS (street number, name, city, state, zip code) | DAY PHONE NUMBER () () | EVENING PHONE NUMBER () () |

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| ADDRESS (street number, name, city, state, zip code) | DAY PHONE NUMBER () () | EVENING PHONE NUMBER () () |

PRE-EMPLOYMENT CERTIFICATION

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. I hereby authorize ABHOW and its Affiliates to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

If employed I will abide by established policies and rules of ABHOW and its Affiliates. I understand that I will be required to possess a current and valid applicable state driver's license if my position requires me to drive in the course of my work. In addition, I shall maintain liability insurance as required by state law.

If I am offered employment, I understand and agree that I may be required to undergo a physical examination and submit to legally permissible drug and/or alcohol testing at ABHOW's and its Affiliates expense and that my offer of employment or continued employment may be conditioned by these examinations. I understand and agree to finger prints and criminal background checks, if required. I agree to authorize release of all results of information obtained from such examinations. In addition, I agree to authorize release of medical information deemed necessary by the examining physician to determine my capability to perform the work for which I am applying.

If I am employed by ABHOW and its Affiliates, I agree that my employment can be terminated, with or without cause and with or without notice, at any time at the option of ABHOW and its Affiliates or myself. I further expressly agree that, with respect to the at-will employment relationship, this constitutes the full, complete and final expression of the intent concerning the nature of any employment relationship between ABHOW and its Affiliates and myself. Further, I understand that there is no guarantee of employment for any length of time and that any modification of these representations must be in writing and signed by an authorized ABHOW and its Affiliates representative.

I agree that any claim or controversy arising out of either the failure to offer employment, or the termination of my employment, including any contention that such violated any contractual right, law or statute, or was otherwise wrongful or in violation of any implied term or covenant, including the covenant of good faith and fair dealing, shall be submitted to binding arbitration in accordance with the American Association Arbitration Rules and Procedures for Employment Disputes, and judgment on the award rendered by the arbitrator may be entered in any court having jurisdiction. I further agree that in the event such an arbitration is held, each party shall pay the fees of his or her own attorneys, and shall share equally the costs of the arbitration, including but not limited to, the costs of a court reporter for the hearing.

My signature certifies that I have read and agree to the foregoing and to the best of my knowledge and belief, the information on this form is true and correct.

| | |
|---------------------|---------------------|
| APPLICANT SIGNATURE | DATE OF APPLICATION |
|---------------------|---------------------|

Equal Employment Opportunity Employer. We are an Equal Opportunity Employer. Applicants for all job openings are welcome and will be considered without regard to race, color, religion, national origin, age, sex, sexual orientation, physical or mental disability, or any other basis protected by state, federal or local law. It is the intent of the Company to comply with all applicable federal, state and local legislation concerning equal opportunity in employment.



ABHOW and its Affiliates does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in its federally assisted programs and activities. Our Section 504 officer can be contacted at 6120 Stoneridge Mall Road, 3rd Floor, Pleasanton, CA 94588 or 925-924-7116 TDD 711 or Section504@abhow.com has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).



ABHOW

800-222-2469 www.abhow.com

APPLICATION FOR EMPLOYMENT

Please PRINT

PERSONAL INFORMATION

| | | | |
|---|--------------------|----------------------|--------------------------------|
| LAST NAME | FIRST NAME | MIDDLE NAME | SOCIAL SECURITY NUMBER () () |
| CURRENT ADDRESS (street number, name, city, state, zip code) | # YEARS AT ADDRESS | PHONE NUMBER () () | |
| PREVIOUS ADDRESS (street number, name, city, state, zip code) | # YEARS AT ADDRESS | CELL PHONE NUMBER | |
| EMERGENCY CONTACT / PHONE NUMBER | EMAIL ADDRESS | | |

If employed, can you submit verification of your legal right to work in the United States? () Yes () No

Have you ever been convicted of a criminal offense (serious misdemeanor or felony) within the last seven years? (Convictions for marijuana-related offenses that are more than two years old need not be listed. Please exclude convictions that have been sealed, expunged or legally eradicated.) () Yes () No

If yes, please identify the charge, the court, the date of the conviction, and the disposition of the case. _____

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. A conviction is not an automatic bar to employment. Each case will be considered on its own merits. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Have you ever been excluded from participation in Medicaid or Medicare? () Yes () No

Are you over 18? () Yes () No

EMPLOYMENT DESIRED

| | | |
|--------------------------|----------------|----------------|
| TYPE OF POSITION DESIRED | DATE AVAILABLE | SALARY DESIRED |
|--------------------------|----------------|----------------|

Are you seeking () Full-time () Part-time () On-call () Casual

Shifts available to work () Days () Evenings () Nights () Weekends () All

Are you presently employed? () Yes () No

If YES, prior to an offer of conditional employment, may we contact your present employer? () Yes () No

Are there any limitations on your ability to work on a regular basis, report to work on time, or on the hours you're available to work? () Yes () No If YES, please explain: _____

Are you able to perform the essential functions of the position for which you are applying, either with or without reasonable accomodations? () Yes () No If NO, describe the functions that cannot be performed: _____

Have you ever applied at the company before? () Yes () No If YES, when? _____

Have you ever been employed by the company before? () Yes () No If YES, when? _____

Have you ever been fired or asked to resign from a job? () Yes () No If YES, please explain: _____

EDUCATION AND TRAINING

HIGH SCHOOL (name and location)

GRADUATE? (yes / no) GPA

TECHNICAL / TRADE SCHOOL (name and location)

GRADUATE? (yes / no) DATE DEGREE / CERTIFCIATE GPA MAJOR SUBJECT / TOTAL HOURS (if applicable)

COLLEGE / UNIVERSITY (name and location)

GRADUATE? (yes / no) DATE DEGREE / CERTIFCIATE GPA MAJOR SUBJECT / TOTAL HOURS (if applicable)

LICENSING / CERTIFICATION PROGRAM

CERT #

TYPE DATE OF ISSUE STATE OF ISSUE EXP. DATE RESTRICTION OF ANY TYPE

Additional Education, Vocational, and/or Professional Information: Please attach written resume or other summary of information. Professional memberships, certificates or licenses held (exclude those indicating race, color, religion, sex, sexual orientation, national origin, age, physical or mental disability or labor organization affiliations). Supplement this information by written attachment with additional information regarding education, vocational and/or professional memberships, certificates or licenses.

() Typing _____ WPM () Computer skills/software applications _____

() Other machines/skills _____

Foreign language skills: _____ WRITTEN SPOKEN FLUENT

U.S. MILITARY SERVICE DATE

BRANCH DATE OF DISCHARGE RESERVE OR NATIONAL GUARD STATUS

Special Training or Skills _____

EMPLOYMENT DATA

Please list your previous employers within the last 5 years, starting with your most recent first.

COMPANY NAME () PHONE NUMBER

ADDRESS (street number, name, city, state, zip code)

EMPLOYMENT DATES (from month/year to month/year) JOB TITLE (most recent) BASE RATE OF PAY (Start / End)

() SUPERVISOR (name and title) PHONE NUMBER MAY WE CONTACT? () Yes () No

DESCRIPTION OF JOB DUTIES

REASON FOR LEAVING

COMPANY NAME () PHONE NUMBER

ADDRESS (street number, name, city, state, zip code)

EMPLOYMENT DATES (from month/year to month/year) JOB TITLE (most recent) BASE RATE OF PAY (Start / End)

() SUPERVISOR (name and title) PHONE NUMBER MAY WE CONTACT? () Yes () No

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EMPLOYMENT DATES (from month/year to month/year) JOB TITLE (most recent) BASE RATE OF PAY (Start / End)

() SUPERVISOR (name and title) PHONE NUMBER MAY WE CONTACT? () Yes () No

DESCRIPTION OF JOB DUTIES

REASON FOR LEAVING

Please note and explain any periods of unemployment/self-employment _____