



EMPLOYMENT APPLICATION COVER SHEET

ALLIANCE HOME IMPROVEMENT CENTER

NOTICE TO APPLICANTS

It is the policy of ALC Holding and their affiliate businesses (Alliance Home Improvement Center, Alliance Lumber SW, Alliance Truss, Alliance Crane, and Core Materials Distribution) Affiliates are separate and distinct legal entities) to employ, train, compensate, promote and provide other terms and conditions of employment, without regard to a person's race, color, religion, national origin, sex (including pregnancy), sexual orientation, age, disability, veteran status, or other characteristics protected by law. This application must be completed in full. Please print or type. Answer every question.

Equal Employment Opportunity Statement: ALC Holding is committed to providing an equal opportunity for all individuals seeking employment. The objective of ALC Holding's hiring procedure is to select the most qualified individual for the job. In reading and answering the questions contained within the employment application, please keep in mind that none of the questions is intended to imply limitations, preference or discrimination based on age, gender, marital status, creed, color, national origin or the existence of a disability that does not interfere with the performance of the position for which you are applying.

Minimum Age Requirement: The Labor Department of the Industrial Commission of Arizona has established a minimum age requirement of **18 years** for employment at ALC Holding. If you meet this requirement, please continue.

EMPLOYMENT APPLICATION – GENERAL INFORMATION AND INSTRUCTIONS

Purpose of the Employment Application: The purpose of the employment application is to give you the opportunity to provide ALC Holding with information about you, your skills, experience, abilities and other personal attributes that meet the qualification requirements for the position for which you are applying. It is in your best interest to be thorough, accurate and descriptive in providing this information. A number of people will apply for the position that is available, and ALC Holding does not guarantee any applicant an interview or consideration beyond the employment application.

Responding to Inquiries on the Employment Application: You must complete **ALL** of the inquiries on the application thoroughly and accurately. If the question or information sought is not applicable, enter "N/A" for your response in the space provided. Failure to complete all sections may disqualify your application from further consideration. If additional space is required to adequately answer any question, please place an asterisk (*) in the response section, and write the information on the back page of the application.

Consideration of the Employment Application: ALC Holding will consider your application for the position for which you have applied, and your application will be active for sixty (60) calendar days from the date of your application. If you wish to keep your application active, you must notify ALC Holding in writing prior to the expiration of the sixty day period.

ALC HOLDING EMPLOYMENT POLICIES AND PRACTICES

Drug and Alcohol Test: Our company policy on substance abuse requires that you submit to drug and/or alcohol screening, and successfully pass, with negative results, prior to employment. If you are considered for employment, part of the application process will include a urinalysis exam which is used to detect the use of drugs and alcohol. You will be requested to sign a consent and waiver form before you take the test. If you refuse to sign the form, or if your test results are "dilute" or "positive," you will not be considered for employment at ALC Holding for a period of ninety (90) days, after which you may reapply. Additionally, be advised that if you are selected for employment, screening will occur from time to time during the course of your employment as outlined in our drug and alcohol policy, a copy of which you will receive before your hiring process is complete.

I-9 Form Documentation: If ALC Holding offers you an employment position, you must complete an I-9 form and provide documentation that shows you are authorized to work in the United States prior to commencing work. If you do not provide this documentation, you will no longer be considered qualified for the employment position.

Employment at Will Doctrine: ALC Holding offers employment under the legal terms of the doctrine of "employment at will," which means that either the employee or the company is free to end the employment relationship at any time, with or without cause. Failure to properly notify supervision in advance regarding absences, and failure to report for duty when scheduled without prior communication with supervision, is considered abandonment of the job, and will be considered as voluntarily quitting one's job. Walking off or abandoning one's job is also considered a voluntary quit. When an employee announces their intention to quit, resign, give notice or retire, ALC Holding will accept the employee's decision as final. Only the officers of the company may authorize contracts of employment other than at will.

Smoke-Free Arizona Act: Prohibits smoking indoors and outdoors within 20 feet of entrances, from windows capable of being opened, and ventilation systems. Please visit www.smokefreearizona.org for additional information.

APPLICANT'S ACKNOWLEDGEMENT

Your signature below represents that you are at least 18 years of age, and have read and understand the notices, instructions and conditions set forth above, that you will comply with the terms contained within, and that you understand the consequences if you do not comply.

Applicant's Signature

Date



APPLICATION FOR EMPLOYMENT
ALLIANCE HOME IMPROVEMENT CENTER

◀ PLEASE PRINT ALL INFORMATION REQUESTED ▶

PERSONAL BACKGROUND			
NAME: Last		First	Middle Initial
PRESENT ADDRESS: Street, Road, Box, etc.		City	State Zip
Telephone	Message Telephone	Date Available for Employment	
Employment Interests or Position(s) Desired <i>(Please be specific.)</i>			
Email Address:		Are you willing to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you the legal right to work in the U.S.? <i>Employment is subject to verification that applicant meets legal age and U.S. work permit requirements.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you been convicted of a felony or been released from a prison or other detention facility within the past seven years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain. <i>(A conviction will not necessarily bar an applicant from employment.)</i>			
Are you willing to accept:			
NIGHTS GRAVEYARD ROTATING SHIFT WEEKENDS			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No			
How did you hear about ALC Holding and its affiliates? <input type="checkbox"/> Walk In <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Internet Ad <input type="checkbox"/> State Employment Office <input type="checkbox"/> Special Recruiting / Outreach Source <input type="checkbox"/> Employee Referral (Name) _____ <input type="checkbox"/> Other _____			
Have you previously applied for employment with ALC Holding or one of its affiliates? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you previously been employed by ALC Holding or one of its affiliates? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:			
Location _____ Position _____ From (Date) _____ To (Date) _____			
EDUCATIONAL BACKGROUND			
High Schools, Colleges, Universities, Specialized Training Programs, etc.	City and State	Major Subject(s)	
SKILLS / TRAINING OR MILITARY			
Educational Classes, Courses, Apprenticeships, Trade Schools, Military Training, etc. <i>(Please list any that you feel qualify you for the job(s) for which you are applying.)</i>	Length of Course	Month / Year of Training	

BUSINESS EXPERIENCE / PREVIOUS EMPLOYMENT HISTORY

Please account for a minimum of the last five years beginning with your most recent position (include summer / seasonal employment, if applicable). Provide as much information as possible. If time gaps exist between jobs held, please explain your activities during that time.

(Please use reverse side if additional space is required.)

1	DATE	Month	Day	Year	Present or Last Employer	Name of Immediate Supervisor	
	From				Address	Immediate Supervisor's Job Title / Phone No.	
	To				City and State	Wage / Salary	
	Position(s) Held						
	Duties Performed						
	Reason for Leaving						
	If employed, may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No						
2	DATE	Month	Day	Year	Present or Last Employer	Name of Immediate Supervisor	
	From				Address	Immediate Supervisor's Job Title / Phone No.	
	To				City and State	Wage / Salary	
	Position(s) Held						
	Duties Performed						
	Reason for Leaving						
	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No						
3	DATE	Month	Day	Year	Present or Last Employer	Name of Immediate Supervisor	
	From				Address	Immediate Supervisor's Job Title / Phone No.	
	To				City and State	Wage / Salary	
	Position(s) Held						
	Duties Performed						
	Reason for Leaving						
	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No						
4	DATE	Month	Day	Year	Present or Last Employer	Name of Immediate Supervisor	
	From				Address	Immediate Supervisor's Job Title / Phone No.	
	To				City and State	Wage / Salary	
	Position(s) Held						
	Duties Performed						
	Reason for Leaving						
	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No						

I certify that the information shown on this application is true and correct to the best of my knowledge. I understand that the falsification or withholding of pertinent information will be grounds for discharge from employment regardless of when this information is discovered.

Applicant's Signature

Date



ALLIANCE HOME
IMPROVEMENT
CENTER

CONSENT AND WAIVER FOR DRUG AND ALCOHOL TESTING

(IN ACCORDANCE WITH ALC HOLDING'S DRUG-FREE WORKPLACE POLICY)

The primary purpose of drug and alcohol testing is to help establish and maintain a drug and alcohol-free work environment. In addition, ALC Holding and their affiliate businesses (Alliance Lumber SW, Alliance Truss, and Core Materials Distribution) Affiliates are separate and distinct legal entities) wants to ensure that public and employee safety is not endangered because of drug and/or alcohol use by employees. To do this, we have adopted a "Drug-Free Workplace Policy" ("Policy") that requires drug and alcohol testing of prospective and continuing employees.

In consideration for employment by ALC Holding, I, _____, hereby give my consent to, and authorize, at a facility directed by ALC Holding, a urinalysis, blood, and/or Breathalyzer test for the purpose of detecting the presence of drugs and alcohol. I understand that I should refrain from drinking excessive amounts of fluids two to three hours prior to such testing in order to ensure a valid test sample.

I further give my consent to ALC Holding, or its designated agents, to obtain the results of any tests or medical procedures, to determine the presence and/or level of drugs or alcohol in my body.

I realize that my refusal to sign this form constitutes a violation of ALC Holding's Policy, and for that refusal I will not be considered for, and knowingly withdraw my application for, employment with ALC Holding for a period of ninety (90) days. I understand that a positive indication on the urinalysis, blood, and/or Breathalyzer test will result in my not being considered for employment for a period of ninety (90) days. I also realize that not providing a valid urinalysis, blood, and/or Breathalyzer test sample will result in my not being considered for employment for a period of ninety (90) days. I understand that I may re-apply and be considered for employment after the ninety (90) day period has elapsed.

By signing below, I acknowledge that I have received and have read ALC Holding's "Drug-Free Workplace Policy." I agree to abide by the terms and conditions of the Policy as they now exist or may be amended in the future. I agree and consent to drug and/or alcohol testing as required by this Policy, and understand that my continued employment is contingent upon my compliance with the Policy. I further acknowledge that a copy of this consent form shall be valid as an original, and that I have been provided with a copy.

Applicant / Employee Signature

Date

Printed Name



ALLIANCE HOME IMPROVEMENT CENTER

YOU MAY BE RESPONSIBLE FOR THE COST OF DRUG TESTING

Dear Applicant:

As a condition of employment at ALC Holding all employees are required to take a pre-employment drug screening test. We are a drug free workplace and, therefore, reserve the right to perform random drug testing at any time during your employment.

The cost of the drug test is in the range of \$30 to \$45 per person. If you voluntarily terminate your employment prior to 30 days, for any reason, the cost of the test will be deducted from your last paycheck. Failure of a random drug test will also result in the cost of the test being deducted from your last paycheck.

I understand and agree to the above conditions and the deductions of my wages.

Employee Signature

Date

Employee Name (Please Print)

USTED PODRIA SER RESPONSIBLE POR EL COSTO DE PRUEBA DE DROGAS

Estimado Solicitante:

Como una condición del empleo en la ALC Holding, cada empleado es requerido a tomar un examen de droga del pre-empleo. Alliance Truss es un trabajo libre de drogas por lo tanto reserve el derecho de realizar exámenes de droga a cualquier tiempo durante su empleo.

El costo del examen de droga varia entre \$30 a \$45 dils por persona. Si usted termina voluntariamente su empleo antest de 30 dias, por cualquier razón, el costo de la prueba se descontará de su ultimo cheque de pago. El fracaso de un examen de droga tendrá como resultado el costo del examen sera descontado de su ultimo cheque.

Entiendo y concuerdo a las condiciones y last deducciones de mis sueldos.

Firma Del Empleado

Fecha

Nombre Del Empleado (Mano Escrita)