Please fill out the application and email it to our office manager heather@sbciinc.com

South Bay Commercial Interiors, Inc. APPLICATION FOR EMPLOYMENT

Please Answer All Questions. Resumes Are Not A Substitute For A Completed Application.

We are an equal opportunity employer. Applicants are considered for positions without regard to veteran status, uniformed service member status, race, color, religion, sex, national origin, age, physical or mental disability, genetic Information or any other category protected by applicable federal, state, or local laws.

For Rhode Island Employers Only: This Company is subject to the Workers' Compensation laws of the State of Rhode Island.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE.

Name		Po	ition Applied For				
Telephone Number () _		Alter	rnate/ Cellular telephone number ()				
Present Address							
St	reet, Apartment	, or Unit Numb	er				
			How Long have you lived there/ years/month:				
City	State	Zip					
Email Address (Optional)			Desired Salary / Hourly Rate				
Type of employment desir Have you previously applic			Are you willing to work overtime YES () NO ()				
Have you ever been emplo							
•			ation from employment				

Education	School Name and Location (Address,	Course of Study	Graduate? Y	# of Years	Honors Received
	City, State)	or Major	or N	Completed	
High school					
college					
Graduate/					
Professional					
Trade or					
Correspondence					

WORK EXPERIENCE

Please list the names of your present and/or previous employers in chronological order with present or most recent employer listed first. Provide information for at least the most recent ten (10) year period. Attach additional sheets if needed. If self-- employed, supply firm name and business references. You may include any verifiable work performed on a volunteer basis, internships, or military service. Your failure to completely respond to each inquiry. May disqualifies you for consideration from employment. Do not answer "see resume."

Employer							
Name of company	Address			Type of business			
Telephone ()	Dates employed: from	/	to				
Job Title	Duties						
Supervisor's Name May we contact YES()NO()If							
Reason for leaving?							
Employer							
Name of company	Address				Type of business		
Telephone ()	Dates employed: from	/	to	/	<u> </u>		
Job Title	Duties						
Supervisor's Name							
May we contact YES () NO () If	no, why not						
Reason for leaving?							
REFERNECES please list the name of additional may list school or volunteer – rela		าay con	tact. Indiv	riduals with r	no prior work experience		

NAME	POSITION	COMPANY	RELATIONSHIP	TELEPHONE

APPLICANT CERTIFICATION

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand that the Company may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If the Company has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to the Company's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the Company's policies and applicable federal, state, and local law.

If employed by the Company, I understand and agree that the Company, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, bckers, desks, vehicles, and computers) and, incertain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement.

I certify that all the information on this application, my resume, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR IMAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS

AUTHORIZED TO ENTER INTO AN AGREEMENT-EXPRESS OR IMPLIED-WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT OF THE COMPANY. IF HIRED, IAGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY, AND IUNDERSTAND THAT THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THATT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.

I authorize the Company or its agents to confirm all statements contained in this application and/or resume as it relates to the position I am seeking to the extent permitted by federal, state, or bcal law. I agree to complete any requisite authorization forms for the background investigation which may be permitted by federal, state and/or local law. I applicable and allowed by law, I will receive separate written notification regarding the Company's intent to obtain "consumer reports."

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to the Company or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the Company and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information. Further, if hired, I authorize the company to provide truthful information concerning my employment to future employers and hold the company harmless for providing such information

If hired by this Company, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this Company. I also understand this Company employs only individuals who are legally eligible to work in the United States.

THIS APPLICATION WILL	BE CONSIDERED ACT	TIVE FOR A MAXIMU	M OF SIXTY (60) DAYS. IF	YOU WISH TO BE
CONSIDERED FOR EMPLO					

I CERTIFY	THAT /	ALL O	F THE	INFORMATION	THAT	I HAVE	PROVIDED	ON	THIS	APPLICATION	IS	TRUE
ACCURATE	AND CO	OMPLE	=TF									

DO NOT SIGN UNTIL YOU HAVE READ ALL OF THE INFORMATION O	CONTAINED IN THE APPLICATION.
Applicant Signature	Date

UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND,AS A CEMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN NDIVIDUAL SUBMIT TO CEMPLAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW ${\tt B}$ GUILTY OF A MISE	OR TAKE A LIE DETE	ECTOR, POLYGRAPH, OR
EXCEEDING\$100. I have read and understand the above statement.		
Applicant Signature	Date -	

IT IS UNLAWFUL IN MASSACHUSETIS TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.

FOR CALIFORNIA APPLICANTS ONLY: BY CHECKING THIS BOX, I WAIVE MY RIGHT TO RECEIVE A COPY OF ANY PUBLIC RECORD OBTAINED BY THE COMPANY FOR EMPLOYMENT PURPOSES THROUGH AN INTERNAL INVESTIGATION. D

FEDERAL AND/OR STATE LAW MAY PROHIBIT THE USE OF LIE DETECTOR, POLYGRAPH OR SIMILAR TEST AS WELL.

THIS APPLICATION MAY NOT BE SUFFICIENT FOR ALL INDUSTRIES OR APPROPRIATE FOR USE IN ALL LOCALITIES.

^{*}This employment application not appropriate for use by Rhode Island employers exempt from the state's Workers' Compensation laws