

MANAGEMENT PHILOSOPHY

Creative Builders, Inc. employees and their welfare are very important to the success of our Company. Our long-range objectives is the continuous development of a growing and prospering business through which both the employees and the Company will benefit. Every employee is considered a member of our company team. Our success as a Company is built on the recognition of the skills and efforts made by each employee. It is our policy to work with all members of our team in a fair and friendly manner and to treat each team member with dignity and respect.

Creative Builders, Inc. is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact the Human Resources Department.

Applicant Information	Date of Application:	
Applicant Name:		
Street Address:		
City, State, Zip Code:		
Telephone Number:	Mobile Number:	
Email Address:		
Employment Position		
Position(s) applying for:		
Section 3 Resident: ☐ yes ☐ no		
How did you hear about this position?		
What days are you available for work?		
What hours/shifts are you available for work?		
If needed, are you available to work overtime? ☐ yes ☐ no		
On what date can you start working if you are hired?		
What salary or per hour rate is preferred?		
Personal Information		
	If	
Have you ever applied to or worked for Creative Builders, Inc. before?	If yes, when?	□ yes □ no
Do you have any friends, relatives, or acquaintances working for Creative	e Builders, Inc.?	□ yes □ no
If ves, state the name and relationshin:		

Personal Information (cor	ntinued)		
Are you 18 years or older?			□ yes □ no
Are you a U.S. Citizen or approve	ed to work in the United States?		□ yes □ no
Can you provide proof of citizens	hip or legal status?		□ yes □ no
Will you consent to a mandatory	controlled substance test?		□ yes □ no
Will you consent to a mandatory	background test?		□ yes □ no
	ny significant details that affect the	ds of conviction of a criminal offen e description of the event, and the however, be considered.)	
Do you have any condition which	would require job accommodation	ns?	□ yes □ no
f yes, please describe accommod	lations required below.		
for eligible applicants/employees subject to a medical examination Job Skills/Qualifications	to perform essential functions. It is conducted by a medical profession	s reasonable accommodation means reasonable that a hire may be tested anal.) osition for which you are applying	ed on skill/agility and may be
Education and Training			
High School			
Name	Location (City, State)	Year Graduated	Degree Earned
 Specialized Training			
Name	Location (City, State)	Year Graduated	Degree Earned
Name	Location (City, State)	Year Graduated	Degree Earned

CBI EMPLOYMENT APPLICATION FORM | Page 2 of 4

<u>Military</u>		
Are you a member of the Armed Services?		□ yes □ no
If answered yes to the question above, what military skills do you possess that would be an asset fo	r this position?	
Current Employment		
Employer Name: May	y we contact them?	_ yes _ no
Job Title:		
Supervisor Name:		
Employer Address:		
City, State, and Zip Code:		
Employer Telephone:		
Dates Employed: Pay Rate:		
Reason for wanting to leave:		
Previous Employment		
Employer Name: May	y we contact them?	□ yes □ no
Job Title:		
Supervisor Name:		
Employer Address:		
City, State, and Zip Code:		
Employer Telephone:		
Dates Employed: Pay Rate:		
Reason for leaving:		
Employer Name: May	/ we contact them?	□ yes □ no
Job Title:		
Supervisor Name:		
Employer Address:		
City, State, and Zip Code:		
Employer Telephone:		
Dates Employed: Pay Rate:		
Reason for leaving:		

Diagram may side O				
riease provide ∠ personal and/or p	professional reference(s) below:			
Reference	Contact Information	Relationship	Years Kn	own
AT-WILL EMPLOYMENT				
Builders, Inc. has authority to ent that your employment is "at will," employment can alter your at-will hereby affirm that my submitted act or circumstances that would,	any reason, with or without cause, ler into any agreement contrary to the and that you acknowledge that not employment status. Information on my job application a lift disclosed, affect my application uresult in my ineligibility for employment	e foregoing "employment at wi o oral or written statements or re true and correct and that I har of avorably. I understand that ar	II" relationship. You u representations regal ave not knowingly wit	nderstand ding your hheld any
Applicant Signature:				
	cation complete and fax a c			
	cation complete and fax a c resumes@creative	opy to 864-235-1176 or		
Please fill out application of the second se	cation complete and fax a c resumes@creative	copy to 864-235-1176 or ebuilders.net		0
Please fill out application of the second of	cation complete and fax a c resumes@creative	copy to 864-235-1176 or ebuilders.net	send via email t	0
Please fill out application of the second of	cation complete and fax a c resumes@creative	copy to 864-235-1176 or ebuilders.net Date: Date:	send via email t	0

CBI EMPLOYMENT APPLICATION FORM | Page 4 of 4

Pay Rate: