Please complete the Employment Application and submit it by one of the three methods.

- Complete the pdf file, save it and email it to: 051@clp.com.
- Print out completed application and fax it to: (805) 676-3904
- Print out completed application and mail it to:
  1650 Palma Drive, Suite 204
  Ventura, CA 93003

If you have any questions please contact our CLP Ventura office at (805) 676-3900.

Thank you!

Authorization *(Autorización)*

Please read the information below, initial where indicated, and sign at the bottom of the page

Por favor, rellene la solicitud por completo

CLP Resources, Inc., a prospective employer, will be conducting checks of the following, and I hereby authorize them to do so. I also understand that my employment with CLP Resources, Inc. is contingent upon successful completion of these requirements:
(CLP Resources, Inc., un prospectivo contratante, realizará chequeos en las siguientes áreas, y yo autorizo su realización. También comprendo que mi empleo con CLP Resources, Inc. depende del resultado favorable de dichos requerimientos:)

Initials *(inicial)*

I understand that CLP Resources, Inc., a prospective employer, will be conducting a post offer drug screen and I hereby authorize them to do so. I also understand that my employment with CLP is contingent upon successful completion of this requirement and that the results of the drug screen must be negative. I agree to take a drug screen within thirty minutes of an employment offer. If the drug screen is inconclusive, I will agree to take another drug screen at a clinic designated by CLP, within 24 hours. All drug test results will be released to CLP and CLP will maintain a record of those results.
(Yo comprendo que CLP Resources, Inc., un prospectivo contratante, realizará un test de drogas u rogas una vez hecha una oferta de trabajo, y yo autorizo su realización. También comprendo que mi empleo con CLP Resources, Inc. depende del resultado favorable de este test y que los resultados deben ser negativos. Estoy de acuerdo en hacer el test de drogas oral durante los 30 minutos despues de la oferta de trabajo. Si los resultados del test son inconcluyentes, estoy de acuerdo en hacer otro test de drogas en una clínica designada por CLP Resources, Inc. en las siguientes 24 horas. Todos resultados de la prueba de drogas seran entregados a las oficinas de CLP y la empresa CLP mantendra esos resultados en sus expedientes.)

Initials *(inicial)*

I understand that CLP Resources, Inc. will be conducting a background check of the information I have listed and included on this application, as well as references and resume that may be attached.
(Yo comprendo que CLP Resources, Inc. hara una investigación de la información que he incluido en esta solicitud de empleo, en las referencias y en el résumé, si he incluido uno.)

Initials *(inicial)*

I acknowledge I am in receipt of CLP's Anti-Substance Abuse Policy (copy attached).
(Reconozco que he recibido las Politicas en Contra del Abuso de Sustancias de CLP (copia anexa).

Initials *(inicial)*

As a condition of my employment with CLP Resources, Inc., and by submitting time cards and receiving payment based thereon, the undersigned hereby assigns, transfers and conveys to CLP any and all rights to pursue, perfect and enforce his/her mechanic's lien rights, bond claim rights, retention claim rights and any and all related rights arising from the provision of labor.
(Como condicion de mi empleo con la empresa CLP Resources, Inc. y por el intercambio de tarjeta de tiempo laborado y pago salarial, el suscrito, por lo tanto, asigna, transfiere y entegra a la empresa CLP todos y cada uno de los derechos para perseguir, perfeccionar y ejecutar sus derechos del gravamen de mecanico, derechos de reclamo de fianza, retencion de derechos de reclamo y todos y cada uno de los derechos que resulten de la disposicion laboral.

Initials *(inicial)*

I may learn confidential things while working with CLP customers, and I promise to keep confidential things secret.
(Durante me trabajo con los clientes de CLP, puedo aprender informacion confidencial y prometo mantener esa informacion en secreto.)

Initials *(inicial)*

I understand that the information I supply about myself to CLP Resources, Inc., during the employment application and hiring process will be used by CLP to make a hiring decision. This includes all information provided on the employment application, on trade skill assessments, on surveys administered, and any information discussed during any employment interview(s) that may be conducted. I agree to keep the contents of any survey confidential and will not share the survey questions with anyone. I understand that CLP does not hire all applicants and that I may not be interviewed today. It is my understanding that it is CLP's goal to ensure expediency in making a hiring decision, but that occasionally it can take a few days or more for CLP to advise me of a hiring decision. I understand that CLP does not discuss any specific reasons for hiring decisions with applicants.
(Entiendo que la información que yo estoy proporcionando acerca de mi persona a la compañía CLP Resources, Inc. durante la aplicación y durante el proceso de empleo, CLP la usará para tomar una decisión con respecto al empleo. Esta incluye toda información proveída en la solicitud de empleo, en evaluaciones relacionadas con las habilidades vocacionales, en encuestas administradas y cualquier información compartida durante cualquier entrevista o entrevistas que se lleven a cabo. Estoy de acuerdo en mantener confidencial el contenido de cualquier encuesta y no compartir con nadie las preguntas de la encuesta. Yo entiendo que CLP no emplea a todos los solicitantes y que quizás no se me entreviste hoy. Entiendo que la meta de CLP es la de asegurarse de tomar una decisión rápida de empleo, pero ocasionalmente pueden pasar algunos días o más para informarme acerca de la decisión con respecto al trabajo. Yo entiendo que CLP no comparte con los solicitantes ningún tipo de razón específica sobre las decisiones de empleo.)

Initials *(inicial)*

I certify that all information I will provide on the CLP application is true and complete. I authorize CLP Resources, Inc. to contact all sources necessary to verify this information and release my references of any liability. I understand that any misstatement, gross misrepresentations of skills and/or available tools, or omission is sufficient grounds for not hiring or for immediate dismissal.
En la presente certifico que la información contenida en esta solicitud de empleo es verdadera y completa. También autorizo a CLP para que investigue toda la información escrita y exonero a todas mis referencias de cualquier responsabilidad. Yo comprendo que si he falsificado u omitido cualquier otra información, podría ser no contratado o despedido).

Signature *(Firma)* **via email** _____ **SSN** _____ **Date** *(Fecha)* _____

TrueBlue, Inc.
Anti-Substance Abuse Policy

Effective Date: **March 1, 2010**
Revision Period: **Annually or as needed**

I. **COVERAGE AND AUTHORITY:** The following is implemented as an administrative policy applicable to regular and temporary employees of TrueBlue, Inc. and its subsidiaries of CLP and Labor Ready.

II. **POLICY STATEMENT:** In order to maintain a safe and effective working environment, we strongly advocate and are committed to maintaining a no-alcohol, no-drugs environment in the workplace. TrueBlue takes this issue very seriously and it is important for employees to understand that this policy applies to all employees of the company, without exception.

No employee is permitted to consume, possess, sell, transfer, or purchase alcohol, illegal drugs, narcotics or controlled substances, while on the job, in company vehicles, or on company property. Involvement in such activities constitutes grounds for disciplinary action, up to and including termination. Acceptable uses of drugs include non-performance affecting "over-the-counter" medications and substances other than marijuana that have been prescribed by a licensed physician. Any employee who is under prescribed medication but who may be in any way impaired by its side effects must report its use to management immediately.
TrueBlue will not tolerate any employee who reports for duty while impaired by, or is under the influence of, alcoholic beverages or drugs (see section on Prescription Drug Use). Employees who work under the influence of an illegal substance and/or alcohol are considered to be a threat to the safety of themselves, their coworkers, and the public. All employees have a duty to report any evidence or observation of alcohol or drug abuse to a supervisor (Customer or TrueBlue) immediately. Failure to report, especially in cases where the illegal substance poses an immediate threat to that individual, his/her coworkers or the public, may result in disciplinary action for the non-reporting employee.
This policy is intended to comply with all state laws governing drug and alcohol testing.
We reserve the right to conduct searches of a person's work space and property for suspicion of drugs and/or alcohol in the workplace.
The drug and/or alcohol screen may test for any substance which could impair an employee's ability to effectively and safely perform the functions of his/her job, including, but not limited to: alcohol, cocaine, metabolites, methadone, amphetamines, hallucinogens, Phencyclidine (PCP), Benzodiazepines, Barbiturates, Marijuana (cannabinoid metabolites), Propoxyhene (Darvon), Opiate derivatives (morphine, codeine). Any test showing a blood-alcohol level above .04 is a violation of this policy.

IN-HOUSE OR ON-SITE TESTING
In house screening will only be allowed for pre-employment reasons. If an in-house test renders positive, the employee must be sent to a local laboratory for a confirmatory test. There are various states that prohibit in-house testing as well as restrict in-house testing. Please refer to appendix.

PRE-EMPLOYMENT:
For temporary workers within Labor Ready, customers may require a pre-employment drug test as a condition of employment. Any worker who refuses to submit to a drug test as requested will not be offered employment with the requesting customer. Additionally, any employee who receives a positive result from the clinic will be immediately terminated where applicable.

For CLP: All prospective employees must submit to a pre-employment drug test as a condition of employment. Prospective employees will only be asked to submit to a test once a conditional offer of employment has been extended. An offer of employment by CLP is conditioned on the prospective employee testing negative. Any applicant who refuses to submit to a drug test as requested by CLP or tests positive will not be offered employment with the company. Additionally, former employees who have been away from the job for 12 months or longer will be subject to a drug test prior to re-hire. Positive results or refusal to test are grounds for non-rehire.

REASONABLE SUSPICION:

If there is reason to suspect that an employee is working while under the influence of an illegal drug or alcohol, the employee will be transported to the local clinic for testing.

"Reasonable suspicion" is a belief based on objective facts sufficient to lead a reasonably prudent supervisor to suspect that an employee is under the influence of drugs or alcohol. Testing under this section should be based on documentable incidents, behavior and job performance indicating possible drug or alcohol use, and should not be based upon mere rumor, hearsay, or unsubstantiated accusations. Existence of reasonable suspicion may be based upon the totality of the circumstances and will normally include more than one factor or symptom.

When the supervisor of an employee or a member of management has reasonable cause to believe an employee is under the influence of alcohol or drugs, that employee may be ordered by his or her supervisor or by management to immediately submit to an alcohol and drug test. It is always recommended that a witness observe any behaviors to substantiate the suspicion. Employees should be transported to the collection site only by their supervisor or by a member of management. The employee will be suspended (with or without pay) until the results of the test are made available to management by the testing laboratory.

All positive results or refusal to take a drug and/or alcohol test may result in disciplinary action up to and including termination of employment.

All applicants and employees who test positive will be allowed the right to explain the positive result and may, at their own expense, have the confirmed positive test retested where applicable. All positive results will be held in the highest of confidence possible informing only those on a need to know basis.

RANDOM TESTING:

TrueBlue does not currently have a random drug testing program. Random drug testing is strictly forbidden in all states unless prior approval has been obtained from the Legal Department.

POST-ACCIDENT/INJURY TESTING:

In the event an employee is involved in an accident, injury or non-injury during work hours involving themselves, other employees, TrueBlue vehicles, or other property, the employee shall notify his/her supervisor as soon as possible.

If the worker completes an injury report and seeks treatment, the employee's supervisor should require the employee to submit to a drug and alcohol test at a location and by methods approved pursuant to this policy within 24 hours. In the event a worker causes injury to another worker, both parties may be drug tested. A positive final test will result in immediate termination in most states. Please refer to the appendix for those states. A positive final result may also affect your entitlement to a workers' compensation as well as unemployment compensation.

REQUEST IN WRITING OR OPPORTUNITY TO REBUT

In the event that an employee has an issue with the final result being positive, they may request, in writing, the explanation of such result.

PRESCRIPTION DRUG USAGE

An employee should notify his/her supervisor and provide medication side effect information before beginning work, when taking any prescription or non-prescription medications or drugs which may interfere with the safe and effective performance of duties or operation equipment. This information should be sent to Employee Relations to determine if the ADA (Americans with Disabilities Act) process should occur.

TAMPERING WITH A DRUG TEST

Any employee found switching, tampering, or altering any specimen or sample collected will be subject to disciplinary action, up to and including termination. Additionally, all tests that are rendered as diluted will be treated as a positive screen and may result in termination.

J. Coleman Brown
Director, Employee Relations & Recruitment

Jim Defebaugh
EVP & General Counsel

Employment Application *(Solicitud de emploeo)*

Please fill out completely *Por favor, rellene la solicitud por completo*

Last Name *(Apellido)* **First** *(Nombre)* **Middle** *(Segundo Nombre)* **SSN#**

Street Address *(Dirección)* **City** *(Ciudad)* **State** *(Estado)* **Zip Code** *(Código postal)* **Home Phone***(Teléfono residencial)* **Email** *(Correo Electrónico)*

Mailing Address if different *(Dirección postal si es diferente)* **City** *(Ciudad)* **State** *(Estado)* **Zip Code** *(Código postal)* **Pager/Cell Phone** *(Número de Bíper/Celular)*

Person to Contact in Case of Emergency *(Miembro de la familia en la que Debemos Contactar en Caso de Emergencia)*

Name *(Nombre)* **Home Phone** *(Teléfono residencial)* **Work Phone** *(Teléfono de su Trabajo)*

How did you hear about CLP? Please be specific. *(¿Cómo supo de CLP? Por favor sea específico)*

☐ Newspaper (name _____) *(Periódico)* ☐ Yellow Pages *(Guía Telefónica)* ☐ Friend (name: _____) *(Amigo/a)*

☐ Trade Publication (name _____) *(Publicación Comercial)* ☐ Internet ☐ Other (be specific) _____) *(Otra; sea especifico)*

Please list the position(s) you are applying for: *(Por favor escriba la posición para la que está aplicando)*

_____ _____ _____

Minimum starting wage *(Salario mínimo que quiere para comenzar)*

$_____ per hour *(por hora)*

Years of experience in position *(Años de experiencia en la posición)*

Year *(años)* ____ **Months** *(meses)* ____

Are you 18 years or older? *(¿Tiene por lo menos 18 años de edad?)* ☐ **Yes** *(sí)* ☐ **No** *(no)*

How far are you willing to commute to work? *(¿ Cuántas millas está dispuesto a manejar para ir al trabajo?)*

_____ **miles one way** *(millas de ida o vuelta)*

What shifts/days are you available to work? *(¿Qué turnos/días está usted disponible para trabajar?*

☐ **Days***(dias)* ☐ **Nights** *(noches)* ☐ **Weekends** *(fines de semana)*

Have you ever been convicted of a felony? (this will not necessarily bar you from employment) ☐ **Yes** *(sí)* ☐ **No** *(no)*
(¿Alguna vez ha sido usted declarado culpable de algún delito? Esto no necesariamente lo descalificaría para obtener empleo.)

If yes, please explain *(Si contestó que sí, por favor explique)***:** _____

Work & Education History*(Historia de trabajo y educación)*

Please list your work and education experience beginning with your most recent job and/or schooling.
(Por favor rellene su experiencia laboral y académica comenzando con la más reciente)

Company/School *(Compañia/Escuela)* **Address** *(Dirección)* **City/State** *(Ciudad/Estado)*

Your Supervisor/Contact *(Su supervisor/Contacto)* **Company/School Phone** *(Teléfono de la compañía/escuela)*

Dates of Employment *(Fechas de empleo)*

from *(de)* ___ / _____ to *(a)* ___ / _____
mo(mes) yr (anos) mo(mes) yr (anos)

Rate of Pay *(Salario)*

$_____

Your Title *(Su título)* **Responsibilities** *(Responsabilidades)* **Reason for Leaving** *(Razón por la que dej e d ó de trabajar)*

Was the work/school*(¿Horario laboral/académico?)* ☐ **Full-time** *(Tiempo complete)* ☐ **Part-time** *(Mediotiempo)* ☐ **Seasonal** *(Por estación)* ☐ **On Call** *(Esporádico)*

Company/School *(Compañia/Escuela)* **Address** *(Dirección)* **City/State** *(Ciudad/Estado)*

Your Supervisor/Contact *(Su supervisor/Contacto)* **Company/School Phone** *(Teléfono de la compañía/escuela)*

Dates of Employment *(Fechas de empleo)*

from *(de)* ___ / _____ to *(a)* ___ / _____
mo(mes) yr (anos) mo(mes) yr (anos)

Rate of Pay *(Salario)*

$_____

Your Title *(Su título)* **Responsibilities** *(Responsabilidades)* **Reason for Leaving** *(Razón por la que dej e d ó de trabajar)*

Was the work/school*(¿Horario laboral/académico?)* ☐ **Full-time** *(Tiempo complete)* ☐ **Part-time** *(Mediotiempo)* ☐ **Seasonal** *(Por estación)* ☐ **On Call** *Esporádico)*

Work & Education History ~ continued *(Historia de trabajo y educación ~ continuado)*

Company/School *(Compañia/Escuela)* **Address** *(Dirección)* **City/State** *(Ciudad/Estado)*

Your Supervisor/Contact *(Su supervisor/Contacto)* **Company/School Phone** *(Teléfono de la compañía/escuela)*

Dates of Employment *(Fechas de empleo)* **Rate of Pay** *(Salario)*

from *(de)* ___ / _____ to *(a)* ___ / _____ $_____

mo (mes) yr (anos) mo mes) yr (anos)

Your Title *(Su título)* **Responsibilities** *(Responsabilidades)* **Reason for Leaving** *(Razón por la que dej e d ó de trabajar)*

Was the work/school*(¿Horario laboral/académico?)* ☐ **Full-time** *(Tiempo complete)* ☐ **Part-time** *(Mediotiempo)* ☐ **Seasonal** *(Por estación)* ☐ **On Call** *Esporádico)*

Company/School *(Compañia/Escuela)* **Address** *(Dirección)* **City/State** *(Ciudad/Estado)*

Your Supervisor/Contact *(Su supervisor/Contacto)* **Company/School Phone** *(Teléfono de la compañía/escuela)*

Dates of Employment *(Fechas de empleo)* **Rate of Pay** *(Salario)*

from *(de)* ___ / _____ to *(a)* ___ / _____ $_____

mo (mes) yr (anos) mo (mes) yr (anos)

Your Title *(Su título)* **Responsibilities** *(Responsabilidades)* **Reason for Leaving** *(Razón por la que dej e d ó de trabajar)*

Was the work/school*(¿Horario laboral/académico?)* ☐ **Full-time** *(Tiempo complete)* ☐ **Part-time** *(Mediotiempo)* ☐ **Seasonal** *(Por estación)* ☐ **On Call** *Esporádico)*

Construction Co-Worker Referral

Please provide names of previous co-workers who can comment on your trade skills: (Por favor mencione/escriba los nombres de compañeros previos de trabajo que pueden describir su habilidad vocacional):

	Name *(Nombre)*	**Trade** *(posición)*	**Phone** (*Teléfono)*	**Employer** *(Empleador)*
1.				
2.				
3.				

Summary of Experience *(Resumen de experiencia)*

Please list any skills or experience that you feel would be important in our hiring decision.
(Por favor describa otras habilidades o experiencia que crea que serían importantes para nuestra decisión de contratarlo).

Craft or Apprenticeship Training *(Oficio del Aprendizaje)* **City/State** *(Ciudad/Estado)* **Dates Attended** *(Fechas en que asistió)*

By submittal of this application you attest that this information is true and correct.

CLP
SKILLED TRADES SOLUTIONS

Employment/Reference Verification

To: _____ **Company:** _____ **Fax:** _____

From: _____ **Phone:** _____ **Date:** _____

Please Return Via Fax To: _____

_____

The individual below applied for work through CLP and has given you as a reference. As it is our policy to send only qualified individuals on assignment, we appreciate your completing the information requested below and returning this form to CLP. Any information you supply will be held in strict confidence.

Applicant Reference Authorization
Autorizacion de Referencia del Solicitante

I authorize CLP to contact all sources necessary to verify the information I have provided during the employment application process, and release my references of any liability. I understand that any misstatement or omission of information is sufficient grounds for not hiring or for immediate dismissal.

Autorizo a CLP a contactar a todos las fuentas necesarias para verificar la informacion que he proporcionado durante el proceso de solicitud de empleo y libero a mis referencias de cualquier responsabilidad. Entiendo que cualquier aseveracion falsa u omision de informacion son motivos suficientes para que se me niegue el contrato or para el despido inmediato.

Applicant Name (Nombre del Solicitante): _____ **SSN** ___ - __ -____

Applicant Signature via email (Firma del Solicitante): _____

*******Applicant - Please only fill out information in this box*** ***Solicitante - Por favor solo llene la informacion en este cuadro******

Company/School Name: _____**Phone:** _____**Fax:** _____

Name: _____ **Title:** _____

Dates of Employment: **From (Mo/Yr):** _____/_____ **To (Mo/Yr):** _____/_____

Position Title: _____ o **Full time** o **Part time** o **On-call** o **Seasonal**

Duties Performed-(please be specific): _____

Skill Level Performed: o **General Laborer** o **Craft Helper/Apprentice** o **Journeyman**

Type of Construction: o **Commercial New** o **Residential New** o **Multifamily**
(Check all that apply) o **Commercial Remodel** o **Residential Remodel** o **Industrial**

Wage Paid: $_____ **Overall Evaluation:** o **Excellent** o **Good** o **Average** o **Fair** o **Poor**

Worked safely? o **Yes** o **No** **Was reliable?** o **Yes** o **No** **Eligible for rehire?** o **Yes** o **No**

Reason for Leaving:_____

Other Comments: _____

Verification Completed By: _____ **Signature:** _____ **Date:** _____

www.clp.com 800-CALL CLP