

Eugene Burger Management Corporation
An Equal Opportunity Employer

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

Application For Employment

IMPORTANT: Please fill in your response above each line unless otherwise indicated. All answers must be printed or typed. Answers that are illegible or incomplete may prevent us from considering your application.

PERSONAL DATA

FIRST NAME	MIDDLE	LAST	SOCIAL SECURITY NUMBER	
PRESENT ADDRESS IN FULL	CITY	STATE	ZIP	TELEPHONE
PERMANENT ADDRESS(IF DIFFERENT FROM ABOVE)	CITY	STATE	E-MAIL ADDRESS	

POSITION INFORMATION

POSITIONS APPLIED FOR:

REFERRAL SOURCE: HOW DID YOU HEAR ABOUT OUR COMPANY?

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
Proof of citizenship or immigration status will be required upon employment.

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Are you currently employed? Where? _____ Yes No

Are you willing to work any shift, including nights and weekends? Yes No

How soon following notification can you report? _____

Are you willing to relocate? Yes No

Have you ever been employed by this company? Yes No



If so, when? _____ Where? _____ Position _____
Are any relatives, including in-laws, employed at this company? [] Yes [] No

If yes, give name, relationship, position and location _____
Have you ever previously applied for employment at this company? [] Yes [] No

If so, when? _____ Month _____ Year _____

Do you have any physical condition or handicap which may limit your ability
to perform the essential duties of the position applied for? [] Yes [] No

If yes, what can be done to accommodate your limitations? _____

We comply with ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hiring may be subject to passing a medical examination, and to skill and agility tests.

Do you have a valid drivers license? [] Yes [] No

License No. _____ State _____ Expiration Date _____

Can you provide proof of insurance if you are required to use your automobile on Company
business? [] Yes [] No

Have you ever been convicted of a criminal offense (felony or misdemeanor) at any time?
[] Yes [] No

Are you now out on bail or on your own recognizance pending criminal trial charges?
[] Yes [] No

Have you ever entered into a plea bargain agreement, or are you now in a pre-or-post trial diversion
program? [] Yes [] No

If you answer (yes) to any of these questions, please fill out the attached supplemental employment
form.

A conviction will not necessarily disqualify an applicant from employment. The nature of the offense, the date of the offense, and the relevance of the offense to the positions applied for may, however be considered.

EMPLOYMENT HISTORY

IMPORTANT: Starting with your present or most recent employer, list in consecutive order all employment and periods of unemployment since you graduated from or last attended high school. Additional employment may be listed on a separate page(s) if necessary. Include any job-related military service assignments. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected areas.

PRESENT OR MOST RECENT EMPLOYER

FULL NAME OF COMPANY	TELEPHONE	SALARY-BEGIN/END	EMPLOYED-FROM/TO	
STREET ADDRESS		CITY	STATE	ZIP CODE
NAME & TITLE OF SUPERVISOR		REASON FOR LEAVING		
TITLE OF YOUR POSITION		DEPARTMENT		
DUTIES				

PREVIOUS EMPLOYER

FULL NAME OF COMPANY	TELEPHONE	SALARY-BEGIN/END	EMPLOYED-FROM/TO	
STREET ADDRESS		CITY	STATE	ZIP CODE
NAME & TITLE OF SUPERVISOR		REASON FOR LEAVING		
TITLE OF YOUR POSITION		DEPARTMENT		
DUTIES				

PREVIOUS EMPLOYER

FULL NAME OF COMPANY	TELEPHONE	SALARY-BEGIN/END	EMPLOYED-FROM/TO	
STREET ADDRESS		CITY	STATE	ZIP CODE
NAME & TITLE OF SUPERVISOR		REASON FOR LEAVING		
TITLE OF YOUR POSITION		DEPARTMENT		
DUTIES				

QUALIFICATIONS

Circle each area in which you have knowledge, skills, experience, or are otherwise qualified. Provide additional detail or information in the space allotted. Attach your resume if you are providing one.

PROPERTY MANAGEMENT, ADMINISTRATIVE, AND SUPERVISORY EXPERIENCE IN THE FOLLOWING AREAS: Hiring, Training, Marketing, Leasing, Tenant Relations, Budgets, Purchasing, Contracting, Rent Collections, Evictions, Safety, etc.:



ACCOUNTING AND COMPUTER RELATED SKILLS AND EXPERIENCE IN THE FOLLOWING AREAS: Spread Sheet Programs, Word Processing Programs, General Ledger, Bank Reconciliations, Receivables, Payables, Rent Rolls, Interacting with Financial Institutions, Accountants, etc.:

MAINTENANCE, EQUIPMENT AND JANITORIAL SKILLS IN THE FOLLOWING AREAS: Maintenance and Repair of Electrical and Gas Appliances, Ranges, Refrigerators, etc. Plumbing Fixtures, Sprinkler Systems, HVAC Systems, Carpentry, Painting, Janitorial, etc.:

EDUCATION (Fill in above each line)

ATTENDED	GRADUATED?	DEGREE, DIPLOMA	MAJOR
FROM TO	YES NO	CERT, etc. RECEIVED?	

NAME AND ADDRESS OF SCHOOL

LAST HIGH SCHOOL ATTENDED/complete address

COLLEGE OR UNIVERSITY/complete address

OTHER (Technical, Vocation, Graduate, etc. complete address)

LIST ANY SCHOLARSHIPS, ACADEMIC HONORS, AWARDS OR SPECIAL ACHIEVEMENTS

IN WHAT LANGUAGES OTHER THAN ENGLISH CAN YOU CONVERSE? _____ Fluent? [] Yes [] No
_____ Fluent? [] Yes [] No
_____ Fluent? [] Yes [] No

MILITARY SERVICE AND STATUS

BRANCH OF SERVICE (If none, state none) _____ MILITARY OCCUPATION _____

LIST ANY SKILLS LEARNED WHILE IN MILITARY SERVICE THAT YOU THINK MAY BE A VALUE TO THE COMPANY

REFERENCES

GIVE NAME AND ADDRESS AND TELEPHONE NUMBER OF THREE REFERENCES WHO ARE NOT RELATED TO YOU AND ARE NOT PREVIOUS EMPLOYERS.

1. _____
2. _____
3. _____

NOTIFY IN CASE OF EMERGENCY

NAME	RELATIONSHIP	ADDRESS	(AREA) TELEPHONE
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**Please
Initial**

APPLICANT'S CERTIFICATION AND AGREEMENT

_____ I HEREBY CERTIFY that my answers to the foregoing questions are true and complete and that I have not knowingly withheld any facts, circumstances or other information which would, if disclosed, affect my application. I further understand that any false or misleading statement or omission of pertinent information will result in the rejection of my application, or in dismissal if discovered subsequent to my employment.

_____ I HEREBY AFFIRM that by execution of the application, I acknowledge that the Company has disclosed to me that an Investigative Consumer Report, including information as to my character and general reputation may be made, and that I, upon written request to the Company made within a reasonable time after the date of this application, may obtain a complete and accurate disclosure of the nature and scope of the investigation requested.

_____ I HEREBY AUTHORIZE the Company to request, and I ALSO AUTHORIZE AND REQUEST each former employer, school attended, and each person, firm, or corporation given as references above, to furnish at any time, any information which may be sought concerning me and my work habits, character or skills and any other data required, in connection with this application or for purposes of complying with surety company requirements. In addition, I hereby release the Company, the former employer and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities.

_____ I HEREBY AUTHORIZE that by submitting this application I agree to submit to medical evaluations and/or examinations, including tests for the presence of illegal drugs or alcohol, prior to and during employment, within a time period prescribed by the Company and as often as directed during employment.

_____ I UNDERSTAND that should I be given employment, such employment shall be for an indefinite period of time and may be terminated At Will, at anytime, for any reason, by me or the Company without notice or without liability whatsoever, except for unpaid wages or salary earned by the date of termination. I further understand that only the President of the Company has the authority to enter into any agreement for employment for a specified period of time or to make any agreement contrary to this at will standard and that any agreement must be in writing.

_____ "Please Read Carefully, Initial Each Paragraph and Sign Below."
"I understand and agree that if I accept employment with EBMC, all disputes or claims, including state and federal laws, ("Grievances") between you and EBMC (including its employees, officers, agents, successors and assigns), arising from or related to your employment or the termination of your employment must be submitted to EBMC's internal Grievance Procedures and if not resolved after completing the Grievance Procedures, the Grievance shall be resolved by Judicial Reference."

Signature _____ Date _____

Thank you for completing this application. It will remain under consideration for six months. It will not be necessary for you to reapply during this six-month period. Your interest in Eugene Burger Management Corporation is appreciated.



ADP Screening and Selection Services offers this form as a service to our clients. Please feel free to copy this form for your own use. However, if you chose to modify this document, ADP cannot guarantee it will remain compliant with federal and state regulations. Please have any modifications reviewed by competent legal counsel.

Candidate Release Authorization

- I. In connection with my application for employment or continued employment at **Eugene Burger Management Corporation** (the Company), I understand that a consumer report and/or an investigative consumer report will be ordered that may include information as to my character, general reputation, personal characteristics, mode of living, work habits, performance, and experience, along with reasons for termination of past employment. I understand that in compliance with applicable law and as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about, but not limited to, my: workers' compensation injuries, driving record, court record, education, credentials, credit, and references. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.
- II. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Consumer Reporting Agency. If so, I will be notified and given the name and address of the agency or the source that provided the information.
- III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.
- IV. Massachusetts, Minnesota, Oklahoma, New York, Maine, Washington, New Jersey and California applicants only: if you want a free copy of the report(s) ordered, check this box . The report(s) will be sent to you by the consumer reporting agency listed here. The reports will be processed by: ADP Screening and Selection Services, 301 Remington Street, Fort Collins, Colorado 80524. See attached Candidate Disclosure / Authorization Form for other notices.
- V. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by **Eugene Burger Management Corporation** (the Company) or its agent, to furnish the information described in Section I.
- VI. I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer to **Eugene Burger Management Corporation**. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous employer, is limited to the following DOT-regulated items: alcohol tests with a result of 0.04 or higher, verified positive drug tests, refusals to be tested, other violations of DOT agency drug and alcohol testing regulations, information obtained from previous employers of a drug and alcohol rule violation and any documentation of completion of the return-to-duty process following a rule violation.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

Please print your full name LAST FIRST MIDDLE

Please print other names you have used

Home Address City State Zip Code

Social Security Number Date of Birth (FOR IDENTIFICATION PURPOSES ONLY)

The following states require sex and race to obtain information: AL, AR, FL, GA, IA, IL, IN, MI, OR, SC, TX, WI

Sex: Male Female Race: Asian Black/African American Hispanic/Latino White Other

Driver's License Number State Issuing License Name as it appears on license

I PROMISE THE INFORMATION THAT I PROVIDED ON THIS FORM IS TRUE AND CORRECT. I UNDERSTAND THAT DISHONESTY WILL DISQUALIFY ME FROM CONSIDERATION FOR EMPLOYMENT, OR IF I AM HIRED OR ALREADY WORK FOR THE COMPANY, THAT I MAY BE FIRED.

Signature

Today's Date

If required, notarize here. When using an embossed seal, please shade with a pencil before faxing.

Subscribed and sworn before me:

Name

Date

Notary Public

My Commission Expires

THIS PAGE CONTAINS SENSITIVE INFORMATION. KEEP ONLY IN SECURE FILES, SEPARATELY FROM PERSONNEL RECORDS!



Candidate Disclosure / Authorization Regarding Procurement of Consumer Reports

Eugene Burger Management Corporation (the "Company") will order a consumer report and/or investigative consumer report ("background check report") on you in connection with your application for employment, or if you are already hired, or if you already work for the Company, we may order additional background check reports on you for employment purposes without obtaining additional consent, where permissible by law. The consumer reporting agency ("Consumer Reporting Agency") that will prepare the report is ADP Screening and Selection Services, 301 Remington Street, Fort Collins, Colorado 80524, telephone 800-367-5933. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment or employment, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the law.

You have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within 5 days of the date on which we receive the request from you or within 5 days of the time the report was first requested, whichever is the later. To receive this information or to inspect any files concerning such a report or to determine if a report has been requested, you may contact the Company or the Consumer Reporting Agency.

The Fair Credit Reporting Act and certain state laws give you specific rights in dealing with consumer reporting agencies. You will find these rights in the attached documents.

Please be advised that we may also obtain an investigative consumer report including information as to your character, general reputation, personal characteristics, and mode of living. By your signature below, you hereby authorize us to order consumer and/or investigative consumer reports including, but not limited to, the following information: social security number validation; criminal, public, educational and, as appropriate, driving records; employment history and earnings history; military service; credit reports, licensing and certification checks, and drug testing results. The information may be obtained from private and public repositories of information, and can be disclosed to the processing agency below and its agents.

I agree that a facsimile or photocopy of this form is valid just like the original form.

This report will be processed by:
ADP Screening and Selection Services
301 Remington Street
Fort Collins, Colorado 80524
800-367-5933

Applicant's Name: _____
(Please Print)

Applicant's Address: _____

City/State/Zip: _____

Signature: _____

Social Security Number: _____

For Identification Purposes Only: Date of Birth: _____

Give copy with State Law Notices, Summary of Rights and Release Authorization documents to applicant. Retain a copy for your files.



For residents of, or for jobs located in, California, Minnesota, Massachusetts, New York and Oklahoma: You may request a free copy of any background check report by checking the box below.

I request a free copy of the report.

STATE LAW NOTICES:

If you live in, or are seeking work for the Company in California, Maine, Massachusetts, N.Y. or Washington State, note:

CALIFORNIA: You may view the file that the Consumer Reporting Agency has for you, and order a copy of the file, upon submitting proper identification and paying copying costs, by going to the Consumer Reporting Agency's offices, during normal business hours and on reasonable notice, or by mail. You may also ask for a file summary by telephone. The Consumer Reporting Agency can answer questions about information in your file, including any coded information. If you go in person, another person can come with you, so long as that person can show proper identification.

MAINE: If you ask us, you have the right to know whether the Company ordered a background check report on you. You may request the name, address and telephone number of the nearest office for the Consumer Reporting Agency. We will send this information to you within five business days of our receipt of your request. You have the right to ask the Consumer Reporting Agency for the report.

MASSACHUSETTS: If you ask, you have the right to a copy of any background check report concerning you that the Company has ordered. You may contact the Consumer Reporting Agency for a copy.

NEW YORK: If you submit a written request, you have the right to know whether the Company ordered a background check on you from the Consumer Reporting Agency. You may inspect and order a copy of the report by contacting the Consumer Reporting Agency.

WASHINGTON STATE: You have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of any "investigative" consumer report we may have requested. You also have the right to request from the Consumer Reporting Agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act. If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, DC 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, DC 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - A person has taken adverse action against you because of information in your credit report;
 - You are the victim of identify theft and place a fraud alert in your file;
 - Your file contains inaccurate information as a result of fraud;
 - You are on public assistance;
 - You are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.



- **Consumer reporting agencies must correct or delete inaccurate, incomplete or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need - usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management Mail Stop 6-6 Washington, DC 20219 1-800-613-6743
Federal Reserve System member banks (except national banks and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act of 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051





EUGENE BURGER
MANAGEMENT
CORPORATION

6600 Hunter Drive
Rohnert Park, CA 94928

TEL 707 584 5123
FAX 707 584 5124

www.ebmc.com

Equal Employment Opportunity Data

Completion of this form is entirely voluntary. All information will remain confidential and will not affect your application for employment. We are required by law to collect this information for equal opportunity employment purposes. It will not become part of your personnel record if you are hired by this company.

Applicant Name: _____

Position Applied For: _____

Sex:

- Female
- Male

Race/Ethnicity (select only one):

- Hispanic or Latino
- White (not Hispanic or Latino)
- Black or African American (not Hispanic or Latino)
- Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)
- Asian (not Hispanic or Latino)
- American Indian or Alaska Native (not Hispanic or Latino)
- Two or More Races (not Hispanic or Latino)

To be completed by employer:

EEO-1 Category:

- 1. 1 Executive/Sr. Level Officials and Manager
 - 1.2 First/Mid Level Officials and Managers
 - 2 Professionals
- 3 Technicians
 - 4 Sales Workers
 - 5 Administrative Support Workers
- 6 Craft Worker
- 7 Operatives
- 8 Laborers and Helpers
- 9 Service Workers

Employer information completed by: _____ Date: _____