Robson Communities, Inc. and affiliated companies

Employment Application

Robson Communities, Inc. ("RCI") provides payroll, accounting, human resources, 401(k) administration, medical benefit administration and other services to companies affiliated with RCI. This Employment Application is for employment with RCI or any of its affiliates for which RCI provides human resources services.

			RCI and its affiliated companies are proud to be Equa Opportunity Employers and do not discriminate on the basis of age, sex, sexual orientation, race, religion national origin, disability or any other protected category.		
PERSONAL INFOR	MATION	Toda	y's Date		
Print Name					
Mailing Address	Street	City	State	Zip	
Main Phone #		Alternate Phone #			
Email Address					
Are you age 18 or over?	Yes No	Yes No		your right to work in the U.S.?	
EMPLOYMENT PR	EFERENCE	Note: Documents establis	ning work authorization and ider	ntity are required for employment.	
Position Desired					
Earnings Desired		Location Desired			
Date Available To Start	Work	How Were You Referr	ed To This Company?		
Have You Ever Worked	At RCI or Any RCI-Affiliat	ed Company Before? Yes	No If Yes, Wi	nen	
If Yes, At What Loca	tion Did You Previously V	Vork?			
Are You Related To Any	Current Employee at RC	I or any RCI-Affiliated Comp	oany? Yes No	_	
If Yes, Who					
Are You Seeking Full Tir	me or Part Time Work? F	ull Part <i>Note:</i>	Full time work is defined a	s more than 30 hours each week.	
What Days And Hours A	re You Available To Worl	k?			
EDUCATION					
School	Name & L	ocation	Degr	ee Earned	
High School					

College or University

Trade or Technical

SKILLS

List job related skills applicable to the position for which you are applying along with professional licenses/affiliations and training.

EMPLOYMENT HISTORY

List current and all previous employers beginning with the most recent	. If additional space is needed, use another application form

Employer Name		Name & Title of Supervisor		
Location		Supervisor Phone		
Position & Nature of work				
Salary	End	Dates Employed	From (mo/yr)	To (mo/yr)
Reason For Leaving				
Employer Name		Name & Title of Sup	pervisor	
Location		Su	pervisor Phone	
Position & Nature of work				
Salary		Dates Employed		
Start	End		From (mo/yr)	To (mo/yr)
Reason For Leaving				
Employer Name		Name & Title of Sup	pervisor	
Location				
Position & Nature of work				
Salary	End	Dates Employed	From (mo/yr)	To (mo/yr)
Reason For Leaving				
Employer Name		Name & Title of Sup	pervisor	
Location		Supervisor Phone		
Position & Nature of work				
Salary		Dates Employed	From (mo/yr)	
Start	End		From (mo/yr)	To (mo/yr)
Reason For Leaving				

REFERENCES (List the names of three individuals not related to you who have known you for at least two years.)

Name	Contact Phone Number	Relationship	Years Known

Policy Statements

- Representatives of Robson Communities, Inc. and its affiliated companies may not enter into an employment agreement for a specified period of time or promise employees continued employment. Your employment is "at will," meaning that you or the Robson company that employs you may terminate the employment relationship at any time for any reason not expressly prohibited by law. No individual has the authority to promise you anything different from the above except in writing and signed by the Chief Executive Officer of the applicable company.
- Proof of sufficient age, eligibility to work in the United States, satisfactory driving record or other qualifications may be required upon hiring, and an inquiry of the applicant's employment record and/or education or background will be made. By signing below, Robson Communities, Inc. and its affiliated companies are authorized to obtain information from the applicant's school(s), employer(s), references, or other organizations named in this application or accompanying resume.
- Robson Communities, Inc. and its affiliates are dedicated to providing safe, efficient and healthy workplaces for all employees. As such, the use of tobacco products, such as cigars, pipes, cigarettes, and chewing tobacco (as well as electronic smoking devices or e-cigarettes) is prohibited inside any of their respective facilities. In addition, the Sun Lakes Corporate buildings, as well as surrounding Sun Lakes affiliated businesses are considered a smoke-free campus.
- The possession, use or sale of alcohol and illegal drugs, and any other illegal substance on company property is prohibited. In addition, all employees are required to report to work unimpaired by alcohol and without illegal drugs in their system. All employees are subject to drug testing to ensure compliance with the RCI and affiliated companies' Drug and Alcohol Policy.

I have read and understand the policies stated above and affirm that the information provided in this application is true and complete to the best of my knowledge. I realize that false information or failure to supply all relevant information may disqualify me from consideration for employment or may result in my dismissal if discovered at a later date.

Signature _____

Today's Date_____

Revised 4/17



CONSUMER REPORT DISCLOSURE AND AUTHORIZATION

Disclosure

The Human Resources Department of Robson Communities, Inc. hereby discloses to the undersigned, on behalf of Robson Communities, Inc. ("RCI") and on behalf of any company for which RCI provides human resources service, that a consumer report may be obtained for employment purposes as part of the pre-employment background investigation and, if you are hired, at any time during your employment. A consumer report may include a motor vehicle report. Under the law, the term "consumer report" means any written, oral, or other communication of any information by a consumer reporting agency bearing on an individual's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected for employment purposes.

Authorization

This shall authorize the procurement of a consumer report by RCI as part of the pre-employment background investigation or for the purpose of obtaining a motor vehicle report. If I am hired, this authorization shall remain on file and shall serve as an ongoing authorization for RCI, on its own behalf and on behalf of any company for which RCI provides human resources services, to procure consumer reports at any time during my employment.

Applicant/Employee Signature

Applicant, Employee Name (Please Print)

Date

Release Form Version 2012

If you are hired by Robson Communities, Inc or one of its affiliate companies, you will be required to provide documents which will establish your right to work in the U.S. within three days of your start date.

All documents must be UNEXPIRED

Below is a list of acceptable documents as approved by the Department of Homeland Security.

LIST A LIST B LIST C Documents that Establish Both Identity and Employment Eligibility OR OR AND

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U.S. Passport or U.S. Passport Card	Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address	Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	ID Card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address	Certification of Birth Abroad issued by the Department of State (<i>Form FS-545</i>)
Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine readable immigrant visa	School ID card with photograph Voters Registration Card	Certification of Report of Birth issued by the Department of State (Form DS-1350)
In the case of a nonimmigrant alien authorized to work for a specific incident to status, a foreign passport with Form I-94	US Military Card of draft record	Original or certified copy of birth certificate issued by a State, county, municipal authority or territory of the United States bearing an official seal
or Form I-94A bearing the same name as the passport and containing an endorsement of the	Military dependent's ID card	Native American tribal document
alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the	US Coast Guard Merchant Mariner Card	
proposed employment is not in conflict with any restrictions or limitations identified on the form	Native American tribal document	
minitations identified on the form	Driver's license issued by a Canadian government authority	
	For persons under age 18 who are unable to present a document listed above:	
	School record or report card	U.S. Citizen ID Card (Form I-197)
	Clinic, doctor or hospital record	Identification Card for Use of Resident Citizen in the United States (Form I-179)
	Day-care or nursery school record	Employment authorization document issued by the Department of Homeland Security

Notice: Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.

This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this employer is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment. Employers may not use E-Verify to pre-screen job applicants or to re-verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9.

In order to determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo screening tool to match the photograph appearing on some permanent resident and employment authorization cards with the official U.S. Citizenship and Immigration Services' (USCIS) photograph.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or citizenship status, please call the Office of Special Counsel at 1-800-255-7688 (TDD: 1-800-237-2515). For more information on E-Verify, please contact DHS at: **1-888-464-4218**

Este Empleador Participa en E-Verify

Aviso: La Ley Federal le exige a todos los empleadores que verifiquen la identidad y elegibilidad de empleo de toda persona contratada para trabajar en los Estados Unidos.

Este empleador le proporcionará a la Administración del Seguro Social (SSA) y si es necesario, al Departamento de Seguridad Nacional (DHS), información obtenida del Formulario I-9 correspondiente a cada empleado recién contratado con el propósito de confirmar la autorización de trabajo.

IMPORTANTE: En dado caso que el gobierno no pueda confirmar si está usted autorizado para trabajar, este empleador está obligado a proporcionarle las instrucciones por escrito y darle la oportunidad a que se ponga en contacto con la oficina del SSA y, o el DHS antes de tomar una determinación adversa en contra suya, inclusive despedirlo. Los empleadores no pueden utilizar E-Verify con el propósito de realizar una preselección de aspirantes a empleo o para hacer nuevas verificaciones de los empleados actuales, y no deben restringir o influenciar la selección de los documentos que sean presentados para ser utilizados en el Formulario I-9.

A fin de poder determinar si la documentación del Formulario I-9 es valida o no, este empleador utiliza la herramienta de selección fotográfica de E-Verify para comparar la fotografía que aparece en algunas de las tarjetas de residente y autorizaciones de empleo, con las fotografías oficiales del Servicio de Inmigración y Ciudadanía de los Estados Unidos (USCIS).

Si usted cree que su empleador ha violado sus responsabilidades bajo este programa, o ha discriminado en contra suya durante el proceso de verificación debido a su lugar de origen o condición de ciudadanía, favor ponerse en contacto con la Oficina de Asesoria Especial llamando al 1-800-255-7688 (TDD: 1-800-237-2515). Para mayor información sobre E-Verify, favor ponerse en contacto con la oficina del DHS llamando al: **1-888-464-4218**

For Arizona Applicants Only/ Para Aplicantes de Arizona Solamente

IF YOU HAVE THE RIGHT TO WORK, Don't let anyone take it away.

If you have a legal right to work in the United States, there are laws to protect you against discrimination in the workplace. You should know that –

No employer can deny you a job or fire you because of your national origin or citizenship status. In most cases employers cannot require you to be a U.S. citizen or permanent resident or refuse any legally acceptable documents.

If any of these things have happened to you, you may have a valid charge of discrimination that can be filed with the OSC. Contact the OSC for assistance in your own language. Call 1-800-255-7688. TDD for the hearing impaired is 1-800-237-2515. In the Washington, D.C. area, please call 202-616-5594, TDD 2002-616-5525. Or write to:

The Office of Special Counsel Civil Rights Division U.S. Department of Justice P.O. Box 27728 Washington, DC 20038-7728

U.S. Department of Justice Civil Rights Division Office of Special Counsel for Immigarion-Related Unfair Employment Practices

SI USTED TIENE DERECHO A TRABAJAR, No deje que nadie se lo quite.

Si tiene derecho a trabajar legalmente en los Estados Unidos, existen leyes para protegerlo contra la discriminación en el trabajo. Debe saber que –

Ningún patrón puede negarle trabajo, ni puede despedirlo, debido a su país de origen o su condición de inmigrante. En la mayoría de los casos, los patrones no pueden exigir que usted sea ciudadano de los Estados Unidos o residente permanente o negarse a aceptar documentos válidos por ley.

Si se ha encontrado en cualquiera de estas situaciones, usted podría tener una queja valida de discriminación. Comuníquese con OSC para obtener ayuda en español.

Llame al 1-800-255-7688. La línea telefónica para personas con problemas de audición, es 1-800-237-2515. En Washington, D.C., llame al 202-616-5594, o al 202-616-5525 (personas con problemas de audición), o escriba a la Oficina del Consejero Especial, División de Derechos Civiles, P.O. Box 27728, Washington, DC 20038-7728.

Departamento de Justicia De los Estados Unidos, División de Derechos Civiles Oficina del Consejero Especial