

Employment Application



Thank you for considering Robert A. Bothman Construction. We welcome your application for employment.

To be formally considered for a job opening, a completed application is needed. This application will be kept on file for 1 year. For full consideration, please make sure to include as much detail about your education and experience as possible.

We are union contractors and partner with the Laborers, Carpenters, Cement Masons, and Operating Engineers Unions.

We participate in the E-Verify Program. We 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.

At Robert A. Bothman Construction our entire team is dedicated to achieving the highest possible quality on every project. We are a full-service, General Engineering and Building Contractor with the skills and experience to make projects a success. Our company is built on a solid foundation, just like our projects.

Quality People. Quality Projects. TM

Employment Application

Date of Application

An Equal Opportunity Employer

To be formally considered for a job opening, a completed application is needed. This application is valid for 1 year. If you require a reasonable accommodation to complete this application or in the application process, please contact the Human Resources Department at 408-279-2277.

PERSONAL INFORMATION

Name (First)		(Last)		(Middle)		Social Security Number	
Present Address (Street)			(City & State)			(Zip)	
Home Phone		Cell Phone					
Permanent Address (If different from present address)							
Are you 18 years of age or older? ☐ Yes ☐ No				If under 18, can you furnish a work permit? ☐ Yes ☐ No			
If hired, would you have reliable means of transportation to and from work? ☐ Yes ☐ No							
If hired, can you provide proof of your identity and eligibility to work in the U.S. within 3 days of hire? ☐ Yes ☐ No							

EMPLOYMENT DESIRED

Construction/Field Positions ONLY: Construction work requires strenuous physical activity, such as: climbing several flights of stairs or ladders uninterrupted, working at heights, lifting at least 70 pounds, repetitive lifting, bending, stooping, working 40 to 60 hours per week, and other strenuous activities. Are you able to perform these tasks with or without reasonable accommodation? ☐ Yes ☐ No	
Please check the one (1) position for which you are applying: ☐ Laborer ☐ Carpenter ☐ Cement Mason ☐ Operating Engineer	Are you registered with a union? ☐ Yes ☐ No Trade/Local: _____
Have you graduated from or are you currently enrolled in a Union Apprenticeship Program? ☐ Yes ☐ No ☐ Currently Enrolled ☐ Completed Date of Completion: _____	

Position Applying for:				Years of experience in desired position:			
How did you learn of this opening? If referred by an employee, please list their name:				Are you currently employed? ☐ Yes ☐ No		If hired, date available to start:	
Do you speak, write or understand any other languages? ☐ Yes ☐ No If yes, which language(s)?				Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? ☐ Yes ☐ No If No, describe the functions that cannot be performed:			
Are you available to work overtime, and weekends, if necessary? ☐ Yes ☐ No							
Hours Available From-To	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Do you have a valid CA Driver's License? ☐ Yes ☐ No				Do you have a valid commercial driver's license? ☐ Yes ☐ No			
Type of Position: ☐ Full-Time ☐ Part-Time ☐ Internship				Salary Desired:			
Have you ever applied with Bothman before? ☐ Yes ☐ No				Have you ever worked for Bothman before? ☐ Yes ☐ No			
Have you ever been terminated from Bothman before, other than due to lack of work? ☐ Yes ☐ No							

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EDUCATION

Do you have a high school diploma or GED? ☐ Yes ☐ No					
SCHOOL	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DID YOU GRADUATE?	DEGREE
HIGH SCHOOL	Name	Requirements		☐ Yes ☐ No	Diploma
	Address				
	City, State Zip				
VOCATIONAL/TRADE/ TECHNICAL SCHOOL	Name			☐ Yes ☐ No	
	Address				
	City, State Zip				
COLLEGE	Name			☐ Yes ☐ No	
	Address				
	City, State Zip				
OTHER/GRADUTE	Name			☐ Yes ☐ No	
	Address				
	City, State Zip				

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for this position? ☐ Yes ☐ No
If yes, please explain:

Do you have any licenses and/or certifications for the job you are applying for? ☐ Yes ☐ No

License/Certification #: _____ Issuing State: _____ Expiration Date: _____

License/Certification #: _____ Issuing State: _____ Expiration Date: _____

License/Certification #: _____ Issuing State: _____ Expiration Date: _____

EMPLOYMENT HISTORY

Please complete in detail starting with your PRESENT employer. List ALL employment (last 10 years) and explain any time not accounted for. All information must be completed even if attaching a resume.					
DATES EMPLOYED		EMPLOYER INFORMATION		REPORTED TO	REASON FOR LEAVING
From	Name	Name			
To	Type of Business	Position	Title		
Address					
Duties					

Employment Application

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DATES EMPLOYED	EMPLOYER INFORMATION		REPORTED TO		REASON FOR LEAVING
From	Name		Name		
To	Type of Business	Position	Title		
Address					
Duties					

REFERENCES

List below three persons not related to you, who have knowledge of your work performance within the last 5 years.

Name	Phone #	Occupation	# Yrs. Known
Name	Phone #	Occupation	# Yrs. Known
Name	Phone #	Occupation	# Yrs. Known

IN CASE OF EMERGENCY NOTIFY: _____

Name	Phone	Relation
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Employment Application

APPLICANT'S CERTIFICATION AND AGREEMENT

☐ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

☐ I hereby authorize Robert A. Bothman Construction, to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. I authorize this Company to contact any of my past employers, educational institutions, references (except as otherwise indicated), any public or private agencies that have issued me a job-related professional or vocational certification or license (including driver's license, if applying for a position requiring vehicle driving or heavy equipment operation), and I authorize all of these parties to furnish any information concerning my previous employment, education or certification. I release the parties furnishing information and Robert A. Bothman Construction from all claims and liabilities of any nature arising from such investigations or the supplying of information for such investigations.

☐ I understand and agree that employment is "At-Will", meaning employment may be terminated by either myself or the Company at any time, with or without cause, and with or without notice. I also understand and agree that the Company retains the right to demote, transfer, change my job duties, and my compensation at any time with or without notice and with or without cause in its sole discretion. I understand that other than the President, no manager, supervisor or other representative of the Company has authority to make any agreement, express or implied, for employment for any specified period of time or to make any agreement for employment other than "at will". I know that this "at-will" employment policy cannot be amended, modified or altered in any way by oral statements or in any other way, and can only be altered by written amendment signed by the President of the Company, indicating that it is intended as a modification of my at-will status.

☐ I understand that, according to law, all individuals hired must, as a condition of employment, produce certain documentation to verify their identity and legal authorization to work in the United States. As a consequence, I understand that any offer of employment would be contingent upon my ability to produce the documentation within the time required by law. I understand, the Company complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hires may be subject to passing a medical examination, and to skill and agility tests. **I further understand ROBERT A. BOTHMAN CONSTRUCTION MAINTAINS A DRUG FREE WORKPLACE and that any offer of employment is contingent upon my ability to successfully pass a drug screening.**

☐ If employed, I agree to abide by all policies and procedures set by the Company. I agree not to disclose confidential Company information to anyone outside the Company and that inventions, patents, and copyrighted material generated by me in the course of my employment are the sole property of Robert A. Bothman Construction.

I have carefully read all the above and I voluntarily grant the above release. I also agree that if I am hired I will be required and will abide by all the rules and regulations of the company.

Applicant's Signature: _____

Date: _____

Voluntary Applicant Data Record

Quality People. Quality Projects.™

Robert A. Bothman Construction, Inc. is an equal opportunity/affirmative action employer, and considers all employment decisions without regard to race, color, religion, gender, national origin, citizenship, age, mental or physical disabilities, veteran status, or any other prohibited basis. In keeping with this philosophy and in an effort to comply with federal and state standards for equal opportunity employment, we ask that you provide the information requested below.

Although providing this information is optional on your part, we would appreciate it if you would complete this form. Providing this information is strictly voluntary and will not be the basis of any employment decision. Failure to provide this information will not subject you to any adverse treatment. Please note that the information provided is retained separately from your application and/or personnel file.

We comply with government regulations and affirmative action responsibilities. Please help us comply with government record keeping, reporting and other legal requirements by filling out this form. We appreciate your cooperation.

Last Name		First Name		Date	Position Applied For
Check Applicable ☐ Male ☐ Female		Check Applicable "Protected Veteran" Status ☐ Disabled Veteran ☐ Active Duty Wartime or Campaign Badge Veteran ☐ Armed Forces Service Medal Veteran ☐ Recently Separated Veteran Separation Date:			
Check Applicable ☐ Hispanic or Latino ☐ White ☐ Black/African American ☐ Native Hawaiian or other Pacific Islander ☐ Asian ☐ American Indian or Alaska Native ☐ Two or More Races (Not Hispanic or Latino)					

Race and Ethnic Definitions

Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa.

Native Hawaiian or other Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino) – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino) - All persons who identify with more than one of the above five races.

Definitions:

(1) Disabled Veteran-(1) A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (2) A person who was discharged or released from active duty because of a service-connected disability.

(2) Active Duty Wartime or Campaign Badge Veteran- means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

(3) Armed Forces Service Medal Veteran-veterans who, while serving on active duty in the Armed Forces, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985; and

(4) Recently Separated Veteran-veterans within 36 months from discharge or release from active duty.

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 07/31/2029

Name:
Employee ID:

Date:

(if applicable)

Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

Please check one of the boxes below:

- ☐ Yes, I have a disability, or have had one in the past
- ☐ No, I do not have a disability and have not had one in the past
- ☐ I do not want to answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title:

Date of Hire:



Disclosure

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work or tenant performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

I hereby authorize procurement of consumer report(s) and investigative consumer report(s) by Company. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for Company to procure such reports at any time during my employment, contract, or volunteer period. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information.

I understand that I have the right to make a request to the consumer reporting agency: Background Screeners of America ("Agency"), 18344 Oxnard Street, Ste. 101, Tarzana, CA 91356, telephone number 866-570-4949, upon proper identification, to obtain copies of any report furnished to Company by the Agency and to request the nature and substance of all information in its files on me at the time of my request. The request includes the sources of information and the Agency, on Company's behalf, to provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to Company obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency's privacy policy at their website: www.wescreenusa.com

I understand that if the Company is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report Company receives on me at the time the report is provided to Company. By checking the following box, I request a copy of all such reports be sent to me. Check here: ☐

Applicant Initials

California Applicants:

As a California applicant, I understand that I have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 a.m. to 5:00 p.m. (PTZ) Monday through Friday) to obtain all information in Agency's file for my review. I may obtain such information as follows: 1) In person at the Agency's offices, which address is listed above. I can have someone accompany me to the Agency's offices. Agency may require this third party to present reasonable identification. I may be required at the time of such visit to sign an authorization for the Agency to disclose to or discuss Agency's information with this third party; 2) By certified mail, if I have previously provided identification in a written request that my file be sent to me or to a third party identified by me; 3) By telephone, if I have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in my file to me and if the file contains any information that is coded, such will be explained to me.

New York Applicants:

I understand that if I am applying for employment in New York, that I have the right to receive a copy of Article 23-A of the New York Correction Law _____(initial if this applies).

Washington Applicants:

I understand that if the report is provided to an employer in the State of Washington, that I can contact the following office for more information regarding my rights under Washington state law in regard to these reports: State of Washington Attorney General, Consumer Protection Division, 800 5th Ave, Ste. 2000, Seattle, Washington 98104-3188, (206) 464-7744.

Please complete all of the fields below:

☐ I understand that I have rights under the Fair Credit Reporting Act and I acknowledge receipt of the Summary of Rights.

Last Name:	First:	Middle: Please check box if you do not have a middle name. ☐
Social Security #:		Date of Birth:
Email: (This is a required Field)		
Current Address:		Previous Address:
Street:		Street:
Apt or Unit #:		Apt or Unit #:
City:	State:	City:
Zip:		State:
		Zip:
Drivers Lic. #:		State Issuing:
Former Name/Alias:		

X _____
Applicant Signature

Date: _____

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.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

- **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 identity 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, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore 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.consumerfinance.gov/learnmore 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.consumerfinance.gov/learnmore.
- **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.consumerfinance.gov/learnmore.

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. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates. b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the Bureau:	a. Bureau of Consumer Financial Protection 1700 G Street NW Washington, DC 20006 b. Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050 b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480 c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Department of Transportation 400 Seventh Street SW Washington, DC 20590
4. Creditors Subject to Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 1925 K Street NW Washington, DC 20423
5. Creditors Subject to Packers and Stockyards Act	Associate Deputy Administrator for Capital Access United States Small Business Administration 406 Third Street, SW, 8th Floor Washington, DC 20416
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 406 Third Street, SW, 8th Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F St NE Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357

Applicant Copy

NOTICE TO APPLICANTS/EMPLOYEES

Please take notice that Robert A. Bothman, Inc. collects certain personal information about you. This notice describes the categories of personal information the Company collects and the purposes for which they are used in accordance with the California's California Consumer Privacy Act (CCPA) and California Privacy Rights Act (CPRA).

The law provides California applicants and employees with certain rights with respect to the personal information collected from them, including the rights:

- To delete personal information.
- To correct inaccurate personal information.
- To access personal information.
- To know what personal information is shared and to whom.
- To opt out of sharing personal information.
- To limit use and disclosure of sensitive personal information.
- Not to be discriminated or retaliated against for exercising rights under the law.

We are collecting the following information:

- Identifiers, such as name, government-issued identifier (e.g., Social Security number (SSN)) and unique identifiers (e.g., employee ID);
- Personal information, such as real name, signature, SSN, physical characteristics or description, address, telephone number, passport number, driver's license or state identification card number, federal identification authorizing work in the United States, access and/or passcodes, insurance policy number, education, employment, employment history, bank account number, other financial information, medical information, or health insurance information;
- Characteristics of protected classifications under California or federal law, such as age, marital status, gender, sex, race, color, disability, citizenship, primary language, immigration status, military/veteran status, disability, request for leave and medical conditions;
- Commercial information, such as transaction information and purchase history (e.g., in connection with expense reimbursements);
- Internet or network activity information, such as browsing history and interactions with our online systems and websites and any personal information that you provide while accessing the Company's computer systems, such as personal credit card information and passwords;
- Geolocation data, such as device location from using the Company's devices;
- Biometric information from connecting to the Company's secured access points;
- Audio, electronic, visual, and similar information;
- Professional or employment-related information, such as work history, prior employers, data submitted in job applications, professional licenses, degrees, background checks, performance and disciplinary records, compensation, benefits, and leaves of absence information;
- Non-public education information;
- Inferences drawn from any of the personal and sensitive personal information listed above to create a profile or summary about, for example, an individual's preferences and characteristics; and
- Other.

The Company collects information about you from the following sources:

- You;
- Prior employers, references, recruiters, and job-related social media platforms;
- Third-party sources of demographic information;

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- Third-party companies, such as background check companies, drug testing facilities, licensing, and credentialing organizations; and
- Claim administrators and investigators.

Depending on the Company's interactions with you, we may or may not collect all of the information identified about you.

We may use personal and sensitive personal information for the following purposes:

- Recruiting and retaining employees.
- Collecting and processing employment applications, including confirming eligibility for employment, background and related checks, and onboarding.
- Employee benefit plan and program administration.
- Leave of absence administration.
- Compensation administration and compliance, including payroll, bonuses, reimbursements, etc.
- Maintaining personnel records and complying with record retention requirements.
- Communicating with employees and/or employees' emergency contacts and plan beneficiaries.
- Facilitating and administering the use of the company's property and resources, including the company's information systems, electronic devices, network, and data, and preventing unauthorized access of such.
- Workplace health and safety compliance.
- Ensuring employee productivity and adherence to the policies.
- Investigating complaints, grievances, and suspected violations of policy.
- Complying with applicable state and federal laws, including labor, employment, tax, benefits, workers compensation, disability, equal employment opportunity, workplace safety and related laws.
- Exercising and defending legal claims.

We may or may not have used personal and sensitive personal information about you for each of the above purposes.

For purposes of the CCPA/CPRA, the Company does not sell or share the personal information or sensitive personal information of job applicants or employees.

The Company retains the information it receives about you for a period of 7 years, unless a shorter or longer period is required by California or federal law.

Please contact: Lysette Tejeda, HR Manager, at 408-891-5840, ltejeda@bothman.com, or 2690 Scott Blvd., Santa Clara, CA 95050 for inquiries about the Company's privacy policy, or to submit your requests for information, deletion, or correction.

You can review the Company's privacy policy at the following address: 2690 Scott Blvd., Santa Clara, CA 95050