

Equal Opportunity: All applicants will be given equal consideration regardless of race, age, sex, physical or mental disability, sexual orientation, ancestry, pregnancy, or other medical condition, marital status, color, religion, national origin, or veteran status.

HARBOR FREIGHT TOOLS

Application For Employment (NOT an offer for employment)

Note: Please print your responses and sign this application in ink. Individuals will not be considered an applicant if they exclude 1.) position applied for and date, 2.) information required by law such as authorization to work in the U.S., 3.) a complete employment history including name of employer, dates of employment, rate of pay and reason for leaving, and 4.) signature of applicant.

Please Print in Ink

POSITION APPLIED FOR _____ DATE _____

How Did You Learn of this Position? Newspaper School Walk-in Referral (Name _____)

NAME _____ TELEPHONE NO. 1 (____) _____

Last First Middle TELEPHONE NO. 2 (____) _____

ADDRESS _____

Street City State Zip Code

Are you under 18? Yes No If Yes, do you have (or will you get) a work permit? Yes No

Have you been employed by this company before? Yes No Does your relative work here? Yes No

Are you currently employed? Yes No When can you start work here? _____

Are you eligible for employment in this country? Yes No (Proof of eligibility will be required upon employment)

Can we leave a message to contact you? Yes No If yes, phone no. _____

Type of Employment Desired: Full Time Part Time Temporary

Shift Desired: Day Evening Night

Hours available to work: *

Are you willing to work overtime if required?

Yes No

From
To

Mon.	Tue.	Wed.	Thur.	Fri.	Sat.	Sun.

Have you been convicted of a misdemeanor or felony in the last seven years? Yes No If yes, please explain:

Note: Convictions do not automatically disqualify an applicant from further consideration. However, offers of employment (or the continued employment of newly hired employees) are contingent upon criminal, background, and for some positions, credit investigation findings which conform to overall company hiring standards or are applicable to specific position requirements.

Are you able to perform the essential functions of the job applied for with or without reasonable

accommodation? **For retail/warehouse,** typical job functions in this company involve employees to bend, squat, kneel twist, work at heights intermittently, pushing and pulling of materials, reaching and working above and below shoulder level, lift and carry items weighing 25 to 75 pounds, work cordially with the public. **For office,** duties involve sitting continuously throughout the day; simple grasping, pushing, and pulling of materials; stand, walk, bend squat and kneel intermittently; operate computer keyboards and 10-key calculator throughout the day; lift and carry items up to 25 lbs.; read written communications and understand verbal communication over the phone. **Are you able to perform?** Yes No If no, please explain. Attach extra sheet as necessary. **Do not** provide medical information.

* Please note: Regardless of work schedules, regular and prompt attendance is required of all employees and is an essential function of all positions.

IN CASE OF EMERGENCY NOTIFY:

Name Address City State Phone

PERSONAL REFERENCE: Provide the name of one person, not related to you, whom you have known for at least one year.

Name address city state phone No. years known

NAME _____

HARBOR FREIGHT TOOLS — APPLICATION FOR EMPLOYMENT

EDUCATION (Circle the last year completed)

Elementary School	5	6	7	8
High School	1	2	3	4
College	1	2	3	4

Highest degree obtained: _____ Name of school/college: _____

Describe other training or education:

Describe office/warehouse equipment you can operate (i.e. forklifts, computers, etc.)

EMPLOYMENT HISTORY — List your three most recent employers, starting with the most recent, including military experience. Please explain gaps in employment in the COMMENTS section below. (If necessary, to account for all experience within the last 10 years, also complete Supplement to Application for Employment.)

Employer _____ Telephone (____) _____ Dates Employed: From _____ To _____

Address _____
street _____ city _____ state _____ zip code _____

Job Title _____ Starting hourly rate/salary: \$ _____ Final hourly rate/salary: \$ _____

Immediate Supervisor Name/Title _____ Telephone # (____) _____ May we contact this person for a reference? Yes No

Summarize the nature of your work and your duties _____

Why did you leave this employer? _____

Employer _____ Telephone (____) _____ Dates Employed: From _____ To _____

Address _____
street _____ city _____ state _____ zip code _____

Job Title _____ Starting hourly rate/salary: \$ _____ Final hourly rate/salary: \$ _____

Immediate Supervisor Name/Title _____ Telephone # (____) _____ May we contact this person for a reference? Yes No

Summarize the nature of your work and your duties _____

Why did you leave this employer? _____

Employer _____ Telephone (____) _____ Dates Employed: From _____ To _____

Address _____
street _____ city _____ state _____ zip code _____

Job Title _____ Starting hourly rate/salary: \$ _____ Final hourly rate/salary: \$ _____

Immediate Supervisor Name/Title _____ Telephone # (____) _____ May we contact this person for a reference? Yes No

Summarize the nature of your work and your duties _____

Why did you leave this employer? _____

COMMENTS: (Explain ALL gaps in employment)

Please read and sign:

I hereby certify that the information in this application is true and correct to the best of my knowledge and agree to have any of the information verified by this organization unless I have indicated in writing to the contrary. I authorize the references listed above, as well as other individuals who the company or the company's agents contacts, to provide any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the company as well as from the use or disclosure of such information by the company or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, my immediate dismissal from employment. I agree to conform to the rules and standards of the company, as amended from time to time at its discretion. I agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of the company. I understand that the company reserves the right to search all employees/persons and all parcels, packages, lunch boxes, coats, bags, containers, lockers, boxes and belongings, etc. on property controlled by the company at all times. The aforementioned right-to-search is a condition of employment. No written or oral promise of employment for a specified term is effective unless expressly set forth in a document signed by an officer of the company. I understand that I am advised not to resign current employment until after an official offer of employment by this company is extended. It is company policy to provide an environment free of discrimination or sexual harassment and if any such discrimination or harassment takes place, I will report it to a manager or a personnel representative immediately. I hereby acknowledge that I have read and fully understand the above statements, including the statement concerning company rules and the "Right-to-Search" statement.

NAME OF APPLICANT (Print) _____

SIGNATURE OF APPLICANT _____ DATE _____

Company use only: Reviewer signature _____ Manager signature _____ date _____

HARBOR FREIGHT TOOLS - SUPPLEMENT TO APPLICATION FOR EMPLOYMENT

(This is a supplemental sheet which references and incorporates all information, instructions, authorizations, and provisions of Applicant's completed *Application for Employment*.)

EMPLOYMENT HISTORY - Continued from *Application For Employment* Form — Applicant: Use as many of these sheets as is necessary to account for the LAST 10 YEARS of your work experience. Please explain gaps in employment in the comments section below (or on an additional/separate sheet).

APPLICANT NAME (PRINT) _____

Employer _____ Telephone () _____ Dates Employed: From _____ To _____

Address _____
street city state zip code

Job Title _____ Starting hourly rate/salary: \$ _____ Final hourly rate/salary \$ _____

Immediate Supervisor Name/Title _____ Telephone () _____ May we call this person for a reference? Yes No

Summarize the nature of your work and your duties _____

Why did you leave this employer? _____

Employer _____ Telephone () _____ Dates Employed: From _____ To _____

Address _____
street city state zip code

Job Title _____ Starting hourly rate/salary: \$ _____ Final hourly rate/salary \$ _____

Immediate Supervisor Name/Title _____ Telephone () _____ May we call this person for a reference? Yes No

Summarize the nature of your work and your duties _____

Why did you leave this employer? _____

Employer _____ Telephone () _____ Dates Employed: From _____ To _____

Address _____
street city state zip code

Job Title _____ Starting hourly rate/salary: \$ _____ Final hourly rate/salary \$ _____

Immediate Supervisor Name/Title _____ Telephone () _____ May we call this person for a reference? Yes No

Summarize the nature of your work and your duties _____

Why did you leave this employer? _____

COMMENTS: (Explain all gaps in employment)

THIS IS SHEET _____ OF _____ SHEETS SUBMITTED AS SUPPLEMENT TO APPLICATION FOR EMPLOYMENT

SIGNATURE OF APPLICANT _____ DATE _____



**AUTHORIZATION
For
BACKGROUND INVESTIGATION**



File Number (online users only): _____

To Whom It May Concern:

I, _____, hereby authorize A-Check America, Inc. and/or its agents to make an independent investigation of my background, which may include my character, general reputation, personal characteristics, and mode of living in connection with an application of employment with Harbor Freight Tools. Scope of the report may include information concerning my driving record, civil and criminal court records, credit, worker's compensation record, education, credentials, identity, past addresses, social security number, previous employment and personal references.

I authorize and request any present or former employer, state/federal government office, state department of motor vehicles, credit bureaus, school, police department, court records, including those maintained by both public and private organizations, financial institution or other persons having personal knowledge about me to furnish A-Check America, Inc. with any and all information in their possession regarding me for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for employment. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorization request.

I release all parties and persons from any and all liability for any damages that may result from furnishing such information to Harbor Freight Tools as well as from the use or disclosure of such information by the company or any of its agents, employees, or representatives.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Print Full Name: _____

Print Maiden Name or Other Names Used: _____

Present Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth (for I.D. purposes only): _____ / _____ / _____

Social Security Number: _____ - _____ - _____

Driver's License Number: _____ State of Issue: _____

A-Check America will need to contact you if additional information is needed to process your Background Investigation. Please provide a telephone/cell phone number where we may contact you.

Phone: (____) _____ - _____ Cell: (____) _____ - _____

NOTICE TO CALIFORNIA RESIDENTS:

If you would like to receive a copy of your background information obtained by A-Check America, please indicate by checking the following box: Yes (Please send me a copy of my Background Report)

Signature: _____ Date: _____ / _____ / _____

California, Minnesota and Oklahoma Residents Only:	
If a consumer credit report is ordered, would you like a free copy of the report mailed to your home?	
YES <input type="checkbox"/>	NO <input type="checkbox"/>
Signature: _____	Date: _____ / _____ / _____

IMPORTANT NOTICE TO APPLICANT

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRA's are credit bureaus that gather and sell information about you - such as if you pay your bills on time or have filed bankruptcy - to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you - such as denying an application for credit, insurance, or employment - must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

- You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action you also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

- You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRA's - to which it has provided the data - of any error). The CRA must give you a written report of the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

- Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

- You can dispute inaccurate items with the source of the information. If you tell anyone - such as a creditor who reports to a CRA - that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source

of the error in writing, it may not continue to report the information if it is, in fact, an error.

- Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.

- Access to your file is limited. A CRA - may provide information about you only to people with a need recognized by the FCRA - usually to consider an application with a creditor, insurer, employer, landlord, or other business.

- Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

- You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

- You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

<u>The FCRA gives several different federal agencies authority to enforce the FCRA:</u>	
<u>For Questions or Concerns Regarding:</u> CRAs, creditors and others not listed below	Please Contact: Federal Trade Commission Consumer Response Center - FCRA Washington, DC 20580 202-326-3761
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Controller of the Currency/Compliance Management Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Consumer and 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 Programs Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Admin. 1775 Duke Street Alexandria, VA 22314 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corp. Division of Compliance & Consumer Affairs Washington, DC 20429 800-934-FDIC
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, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051

NOTICE TO USERS OF CONSUMER REPORTS: OBLIGATIONS OF USERS UNDER THE FCRA

The federal Fair Credit Reporting Act (FCRA) requires that this notice be provided to inform users of consumer reports of their legal obligations. State law may impose additional requirements. The first section of this summary sets forth the responsibilities imposed by the FCRA on all users of consumer reports. The subsequent sections discuss the duties of users of reports that contain specific types of information, or that are used for certain purposes, and the legal consequences of violations. The FCRA, 15 U.S.C. 1681-1681u, is set forth in full at the Federal Trade Commission's Internet web site (<http://www.ftc.gov>).

I. OBLIGATIONS OF ALL USERS OF CONSUMER REPORTS

A. Users Must Have a Permissible Purpose

Congress has limited the use of consumer reports to protect consumer's privacy. All users must have a permissible purpose under the FCRA to obtain a consumer report. Section 604 of the FCRA contains a list of the permissible purposes under the law.

These are:

- As ordered by a court or a federal grand jury subpoena. Section 604(a)(1)
- As instructed by the consumer in writing. Section 604(a)(2)
- For the extension of credit as a result of an application from a consumer, or the review or collection of a consumer's account. Section 604(a)(3)(A)
- For employment purposes, including hiring and promotion decisions, where the consumer has given written permission. Sections 604(a)(3)(B) and 604(b)
- For the underwriting of insurance as a result of an application from a consumer. Section 604(a)(3)(C)
- When there is a legitimate business need, in connection with a business transaction that is initiated by the consumer. Section 604(a)(3)(F)(i)
- To review a consumer's account to determine whether the consumer continues to meet the terms of the account. Section 604(a)(3)(F)(ii)
- To determine a consumer's eligibility for a license or other benefit granted by a governmental instrumentality required by law to consider an applicant's financial responsibility or status. Section 604(a)(3)(D)
- For use by a potential investor or servicer, or current insurer, in a valuation or assessment of the credit or prepayment risks associated with an existing credit obligation. Section 604(a)(3)(E)
- For use by state and local officials in connection with the determination of child support payments, or modifications and enforcement thereof. Sections 604(a)(4) and 604(a)(5)

In addition, creditors and insurers may obtain certain consumer report information for the purpose of making unsolicited offers of credit or insurance. The particular obligations of users of this "prescreened" information are described in Section V below.

B. Users Must Provide Certifications

Section 604(f) of the FCRA prohibits any person from obtaining a consumer report from a consumer reporting agency (CRA) unless the person has certified to the CRA (by a general or specific certification, as appropriate) the permissible purpose(s) for which the report is being obtained and certifies that the report will not be used for any other purpose.

C. Users Must Notify Consumers When Adverse Actions Are Taken

The term "adverse action" is defined very broadly by Section 603 of the FCRA. "Adverse actions" include all business, credit, and employment actions affecting consumers that can be considered to have a negative impact - such as unfavorably changing credit or contract terms or conditions, denying or canceling, credit or insurance, offering credit on less favorable terms than requested, or denying employment or promotion.

1. Adverse Actions Based on Information Obtained From a CRA.

If a user takes any type of adverse action that is based at least in part on information contained in a consumer report, the user is required by Section 615(a) of the FCRA to notify the consumer. The notification may be done in writing, orally, or by electronic means. It must include the following:

- The name, address, and telephone number of the CRA (including a toll-free telephone number, if it is a nationwide CRA) that provided the report.
- A statement that the CRA did not make the adverse decision and is not able to explain why the decision was made.
- A statement setting forth the consumer's right to obtain a free disclosure of the consumer's file from the CRA if the consumer requests the report within 60 days.
- A statement setting forth the consumer's right to dispute directly with the CRA the accuracy or completeness of any information provided by the CRA.

2. Adverse Actions Based on Information Obtained From Third Parties Who Are Not Consumer Reporting Agencies:

If a person denies (or increases the charge for) credit for personal, family, or household purposes based either wholly or partly upon information from a person other than a CRA, and the information is the type of consumer information covered by the FCRA, Section 615(b)(1) of the FCRA requires that the user clearly and accurately disclose to the consumer his or her right to obtain disclosure of the nature of the information that was relied upon by making a written request within 60 days of notification. The user must provide the disclosure within a reasonable period of time following the consumer's written request.

3. Adverse Actions Based on Information Obtained From Affiliates:

If a person takes an adverse action involving insurance, employment, or a credit transaction initiated by the consumer, based on information of the type covered by the FCRA, and this information was obtained from an entity affiliated with the user of the information by common ownership or control, Section 615(b)(2) requires the user to notify the consumer of the adverse action. The notification must inform the consumer that he or she may obtain a disclosure of the nature of the information relied upon by making a written request within 60 days of receiving the adverse action notice. If the consumer makes such a request, the user must disclose the nature of the information not later than 30 days after receiving the request. (Information that is obtained directly from an affiliated entity relating solely to its transactions or experiences with the consumer, and information from a consumer report obtained from an affiliate are not covered by Section 615(b)(2).)

APPLICANT: Please read and keep this document.

Applicant Survey

Work Opportunity Tax Credit Program

Harbor Freight Tools is participating in the Work Opportunity Tax Credit program. This program is designed by the federal government to help companies hire more people into the workforce and to retain employees through federal incentives.

Your response to the questions below will help us determine if Harbor Freight Tools qualifies for this program. Any information you provide will be kept confidential and will not affect your job, wages, or taxes. Thank you in advance for your time and participation.

Check here if any of the following statements apply to you:

- I am a member of a family that has received Temporary Assistance for Needy Families (TANF) for any of the following:
 - During the last four years
 - Stopped being eligible for TANF within the last two years because of limitations on how long the benefit could be received

- I was referred here by a rehabilitation agency approved by the state or the Department of Veteran Affairs.

- I am 18-39 years of age and I am a member of a family that received food stamps within the last two years.

- I received Supplemental Security Income (SSI) benefits within the last two months.

- Within the past year, I was convicted of a felony or released from prison for a felony.

- I am a veteran and either:
 - A member of a family that received food stamps within the last two years
 - Entitled to compensation for a service-connected disability

Check here if none of the statements above apply to you. (N/A)

Name _____ Date _____