

**GREENFIELD FENCE INC.**  
**EMPLOYMENT APPLICATION/SOLICITUD DE EMPLEO**

**Equal Opportunity Employer/ Igualdad de oportunidades en el empleo.**

The policy of the Company is to provide equal opportunity to all persons without regard to race, color, sex, religion, national origin, age, disability, sexual orientation, gender identity, parental status, or because they have discussed, disclosed, or inquired about compensation, and Disabled Veteran/Recently Separated Veteran/Armed Forces Service Medal Veteran/Active Duty Wartime or Campaign Badge Veteran status (collectively referred to as "Protected Veterans"), or other bases protected by applicable law. Company policy prohibits harassment of applicants or employees related to these bases. The Company has established a continuing affirmative action program to assure equal employment opportunity in all its policy decisions affecting recruitment, selection, assignment, promotion, training, and all other terms and conditions of employment./La política de la empresa es proporcionar igualdad de oportunidades a todas las personas sin distinción de raza, color, sexo, religión, origen nacional, edad, discapacidad, orientación sexual, identidad de género, estado parental, o porque haiga hablado de, revelado o preguntado sobre la paga de dinero y estado discapacitado veterano/recientemente veteranos separados /servicio de la fuerzas armadas, medalla de veterano activo durante la guerra, veterano con placa de campaña (nominadas colectivamente como "Veteranos protegidos") o otras bases protegidas por la ley aplicable. La Política de la empresa prohíbe el acoso de los solicitantes o empleados con relación a estas bases. La compañía ha establecido un programa continuo de acción afirmativa para asegurar oportunidades de empleo justas en todas sus decisiones de política que afectan al reclutamiento, selección, asignación, promoción, capacitación y todos otros términos y condiciones de empleo.

Date/Fecha: \_\_\_\_\_

Name/Nombre: \_\_\_\_\_

Address/Dirección: \_\_\_\_\_

City/Ciudad: \_\_\_\_\_ State/Estado: \_\_\_\_\_ Zip/Código: \_\_\_\_\_

Telephone/Telefono: \_\_\_\_\_

Position applied for/Puesto solicitado: \_\_\_\_\_

Are you at least 18 yrs of age/Tiene usted por lo menos 18 años de edad? Yes/Si: \_\_\_\_\_ No \_\_\_\_\_

How did you hear about the opening/Como informo usted de este puesto vacante: \_\_\_\_\_

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Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation)/ Es usted un ciudadano de los Estados Unidos E.E.U.U. O de otra manera autorizado para trabajar en los Estados Unidos E.E.U.U. de base sin restricciones? (usted Puede ser requerido a proveer documentación)  
Yes/Si: \_\_\_\_\_ No: \_\_\_\_\_

**Education**  
**Educacion**

**School Name and Location**  
**Nombre y Lugar de Escuela**

**Year**  
**Ano**

**Major Degree**  
**Area Lic.**

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In addition to your work history are there other skills, qualifications, or experiences that we should consider?/ Además de su historia de trabajo, hay otras habilidades, cualificaciones, o experiencia que debemos considerar?

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**Employment History/Historia de Empleo**

<b>Date Started</b> <b>Fecha de Inicio .</b>	<b>Company Name</b> <b>Nombre de Compania</b>	<b>AddressPhone</b> <b>Direccion/Telefono</b>	<b>Supervisor Name</b> <b>Nombre de Supervisor</b>
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Please read carefully, initial each paragraph and sign below/ Por favor lea cuidadosamente, ponga sus iniciales en cada párrafo y firme abajo:

\_\_\_\_ 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, the undersigned applicant, have personally completed this application. 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. / Por lo presente yo certifico que no he ocultado intencionalmente ningun dato que pueda perjudicar mis probabilidades de ser contratado y que las respuestas que he dado son correctas y verdaderas a lo mejor de mi conocimiento ademas certifico que yo, el solicitante he completado personalmente esta solicitud de empleo. Yo Entiendo que cualquier omisión o declaración falsa de hechos materiales en esta solicitud o en cualquier documento utilizado para conseguir el empleo será motivo suficiente para rechazar esta solicitud o para despedirme inmediatamente en case de ser contratado, independientemente del tiempo transcurrido hasta que se descubran los hechos.

\_\_\_ I hereby authorize Greenfield Fence Inc. to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment unless otherwise specified above. I 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. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships, and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. / Por lo presente yo autorizo a Greenfield Fence Inc. A investigar a fondo mis referencias, registros laborales, educación y otras cuestiones relacionadas con mi idoneidad para el empleo al menos que a lo contrario se especifique arriba. Además, autorizo a las personas que he indicado como referencias a que divulguen con la empresa todas las cartas, informes y otras información relacionada con mis registros laborales, sin necesidad de notifica me previamente. Por este medio libero la Empresa, a mis ex empleadores y a todas las demás personas, corporaciones, alianzas y asociaciones de todo reclamo, demandas o responsabilidades que surjan o que de cualquier otro modo se relacione con dicha investigación o divulgación.

\_\_\_ I understand that nothing contained in the application, or conveyed during any interview which may be granted during my employment, if hired is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative. / yo entiendo que nada en lo contenido en la solicitud o transmitido durante cualquier entrevista que son otorgadas durante mi empleo, si contratado es la intencion de crear un contrato de trabajo entre yo y la empresa. Asimismo, entiendo y acepto que en case de ser contratado, mi empleo no será por un tiempo definido ni determinable, que se podría terminar en cualquier momento, con o sin aviso previo, por decisión mía o de la Empresa, y que promesas o representaciones al contrario de lo anterior no son obligatorias para la empresa a menos que por escrito y firmado por mí y por el representante de la empresa designado.

\_\_\_ In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United states and to complete the required employment eligibility verification document form upon hire./  
En conformidad con la ley federal, todas las personas contratadas será necesario a verificar su identidad y elegibilidad de trabajar en los Estados Unidos y para completar el formulario de verificación de elegibilidad de empleo requerido al contratarse.

**English:**

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history.

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of this company, other than the president, has any authority to alter the foregoing.

I must be lawfully authorized to work in the United States and show Greenfield Fence Inc. documentation that will prove this. I am also aware that Greenfield Fence Inc. participates in the U.S. Government's e-verify system to verify all work related documents provided as part of the hiring process (documents that support the completion of the I-9).

I certify that all statements in this application are true and correct and that any falsification shall result in dismissal.

**Español**

Yo Certifico que los hechos establecidos en esta solicitud de empleo son verdaderas y completas a lo mejor de mi conocimiento. Yo entiendo que si soy empleado, declaraciones falsas en esta solicitud se considerará como causa suficiente para despido. Esta empresa está autorizada para hacer cualquier investigación de mis antecedentes de educación y empleo

Yo entiendo que empleo en esta empresa es "a voluntad" que significa que sea yo o esta empresa puedo terminar el empleo laboral en cualquier momento con o sin ningún previo aviso y por cualquier razón que no esté prohibida por la ley. Todo el empleo se continuara sobre esta base. Yo entiendo que ningún supervisor, gerente o ejecutivo de esta empresa, que no sea el Presidente tiene la autoridad para modificar lo anterior.

Yo debo estar legalmente autorizado para trabajar en los Estados Unidos y mostrar la documentación a Greenfield Fence Inc. que compruebe esto. También estoy consciente de que Greenfield Fence Inc. participa en el sistema de e-verificar del gobierno de los Estados Unidos, para verificar todo los documentos relacionados como parte del proceso de contratación (documentos que apoyan la realización del I-9)..

Yo certifico que todas las declaraciones en esta solicitud son verdaderas y correctas y que cualquier falsificación resultara en despido.

Signature/Firma: \_\_\_\_\_ Date/Fecha: \_\_\_\_\_

## APPLICANT AFFIRMATIVE ACTION INFORMATION FORM

### Voluntary

Thank you for your interest in employment with our Company. The following questions about your race and gender and Protected Veteran status are included only because of government regulations. As an Equal Opportunity Employer, the Company does not use this information in its employment decisions, so whether or not you return this form has no effect on your application. To the extent we are a government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, we comply with requirements to take affirmative action regarding the employment of, and advancement in employment of, qualified Protected Veterans (disabled veterans, active duty wartime or campaign badge veterans, Armed Forces service medal veterans, and recently separated veterans). If you come within any of those categories, and would like to be included in our affirmative action program, you may tell us now or at any time in the future. We also invite you to tell us now, or at any time in the future, about any reasonable accommodations that you believe we could make which would better enable you to perform the essential functions of the job properly and safely. Submitting this information is voluntary. Providing it or declining to provide it will not affect your application or employment in any way. If you choose to submit the information, it will be kept confidential to the extent provided by law.

1. Name: \_\_\_\_\_
2. Date of application: \_\_\_\_\_
3. Position(s) applied for: \_\_\_\_\_
4. Sex:  Male  Female
5. Ethnic Group: Check One
  - a.  Hispanic/Latino: A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin regardless of race.
  - b.  White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
  - c.  Black or African American (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.
  - d.  Native Hawaiian or Pacific Islander (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
  - e.  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 or Vietnam.
  - f.  Native American or Alaska Native (Not Hispanic or Latino): A person having origins in any of the original people of North and South America (Including Central America) and who maintains tribal affiliation or community attachment.
  - g.  Two or More Races (Not Hispanic or Latino): All persons who identify with more than one of the above five races.
  - h.  I do not wish to disclose.

6. Veteran Status:

a. Status: Check one of the following boxes

- I identify as one or more of the classifications of Protected Veteran listed below.
- I identify as a veteran, just not a Protected Veteran.
- I am not a veteran.

I do not wish to self-identify.

b. Protected Veterans are described as:

Disabled Veteran--	(Veteran entitled to VA-administered disability compensation for, or discharged from active duty because of, a service-connected disability, or who would be so entitled but for receipt of military retired pay).
Active Duty Wartime or Campaign Badge Veteran--	(Veteran who served on active duty during a war or a campaign or expedition for which a campaign badge has been authorized. List of eligible campaigns can be found at <a href="http://www.opm.gov/staffingportal/vgmedal2.asp">http://www.opm.gov/staffingportal/vgmedal2.asp</a> )
Armed Forces Service Medal Veteran--	(Veteran who, while on active duty, participated in a military operation for which an Armed Forces Service Medal was awarded pursuant to Exec. Order No. 12985).
Recently Separated Veteran--	(Veteran who served on active duty and was discharged or released from active duty within the last three years).

If you wish to provide this information, you may submit it with your application form or send it to the appropriate address

## Forma de Información Sobre Acción Afirmativa

### Voluntario

Gracias por su interés en un empleo con Greenfield Fence Inc. (en lo sucesivo la empresa). Las siguientes preguntas sobre su raza/grupo étnico están incluidas solamente por reglamentos del gobierno. Como un empleador de igualdad de oportunidades, la empresa no usa esta información en sus decisiones de empleo. Así que si usted no proporciona esta información, no tiene afecto en su aplicación. En la medida que somos un contratista del gobierno sujetos a la Ley del Reajuste de Asistencia a los Veteranos de de la Era Vietnam de 1974, modificado por la Ley de Empleos para Veteranos del 2002, nosotros cumplimos con los requisitos para tomar acción afirmativa respecto al empleo, y el adelanto en el empleo de Veteranos Protegidos (veteranos discapacitados, veteranos en servicio activo en tiempo de guerra o veteranos con insignias de , veteranos en servicio de las fuerzas armadas con medalla, y veteranos recientemente separados). Si usted cualifica en alguna de estas categorías, y le gustaría ser incluido en nuestro programa de acción afirmativa, usted nos puede avisar ahora, o en cualquier momento en el futuro. Nosotros también lo invitamos a que nos avise ahora, o en cualquier momento en el futuro, sobre cualquier alojamientos razonables que usted crea que podamos proveer para que usted pueda realizar sus funciones esenciales para un trabajo apropiado y seguro. Proporcionar esta información es completamente voluntario. Proporcionar o declinar proporcionar esta información no afectara su aplicación o empleo de ninguna manera. Si usted desea proporcionar esta información, será mantenida de manera confidencial al grado previsto por la ley.

1. Nombre: \_\_\_\_\_
2. Fecha de aplicación: \_\_\_\_\_
3. Posición Solicitada: \_\_\_\_\_
4. Sexo:  Masculino  Femenino
5. Raza/ Grupo Étnico (marque uno solamente):

- |  |  |
|--|--|
| <input type="checkbox"/> Hispano/ Latino:      | Personas de origen de cualquier origen o cultura Cubana, Mexicana, Puertorriqueña, Centro y Sud Americana, y otra cultura y orígenes Españolas, independientemente de raza.  |
| <input type="checkbox"/> Blanco/ Anglosajón:   | Personas de origen Europea, de Medio Oriente, y África del Norte.  |
| <input type="checkbox"/> Negro/ Afroamericano: | Personas de origen de la raza negra y grupos étnicos de África.  |
| <input type="checkbox"/> Asiático:             | Personas de origen de cualquier grupo étnico, del Lejano Oriente, Sudeste de Asia, Subcontinente Indio: incluyendo por ejemplo: Camboya, China, India, Japón, Corea, Malasia, Pakistán, Islas Filipinas, Tailandia, y Vietnam. |

- Nativo Hawaiano/ otras Islas del Pacifico: Personas de origen de grupo étnico de Hawái, Guam, Samoa, y otras islas del Pacifico.
- Indio Americano Nativo/ Nativos de Alaska: Personas de origen de pueblos originales de Norte y Sud América (incluyendo Centro América).
- Dos o más Razas: Personas no Hispanas que se identifican en más de una de las siguientes razas: (1) Blanco, (2) Negro, (3) Asiático, (4) Nativos Hawaianos/ otras Islas del Pacifico, (5) Indio Nativo Americano/ Nativos de Alaska.

6. Estado de Veterano

a. Estado: Marque una de las siguiente casillas

- Yo me identifico como uno o más de las clasificaciones de Veteranos Protegidos enumeradas a continuación.
- Yo me identifico como veterano, pero no como Veterano Protegido.
- Yo no soy veterano.
- Yo prefiero no identificarme.

b. Veteranos Protegidos serán descritos como:

- |  |   |
|--|---|
| Veterano Incapacitados--   | Veterano instituido a compensación administrado-VA, o descargado de servicio activo por una discapacidad relacionada con el servicio, o que serian instituidos a recibir pago de jubilación militar   |
| Veterano de Servicio Activo en Tiempo de Guerra o con Insignia De Campaña -- | Veterano que sirvieron en activo en tiempo de guerra o en campaña o en expedición por cual una insignia a sido autorizada<br>Una lista de las s elegibles puede ser encontrada en <a href="http://www.opm.gov/staffingportal/vgmedal2.asp">http://www.opm.gov/staffingportal/vgmedal2.asp</a> |
| Veterano de las Fuerzas Armadas con Medalla--                                | Veterano que, mientras en servicio activo, participo en una operación militar en cual una medalla de las fuerzas armadas fue galardonada de conformidad a la Orden Ejecutiva numero 12985.  |
| Veterano Recientemente Separado--  | Veterano que ha estado en servicio activo y fue descargado o liberado de servicio activo dentro de los últimos tres años.   |

Si usted desea proporcionar esta información, usted la puede proporcionar con su aplicación o a la dirección apropiada.



# Voluntary Self-Identification of Disability

Form CC-305  
Page 1 of 1

OMB Control Number 1250-0005  
Expires 05/31/2023

Name: \_\_\_\_\_  
Employee ID: \_\_\_\_\_  
(if applicable)

Date: \_\_\_\_\_

## Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

## How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

## Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
- No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish 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: \_\_\_\_\_

## Autoidentificación voluntaria de discapacidad

Formulario CC-305  
Página 1 de 1

Número de control de la OMB 1250-0005  
Vence el 31/May/2023

Nombre: \_\_\_\_\_  
Identificador de empleado: \_\_\_\_\_  
(si procede)

Fecha: \_\_\_\_\_

### ¿Por qué se le ha pedido que conteste este formulario?

Somos un contratista o subcontratista federal obligado por la ley a ofrecer igualdad de oportunidades de empleo a las personas calificadas con discapacidades. También estamos obligados a medir nuestro progreso hacia el objetivo de que al menos el 7% de nuestros empleados sean personas con discapacidades. Para ello, debemos preguntarle a nuestros aspirantes y empleados si tienen o alguna vez han tenido una discapacidad. Dado que una persona puede quedar discapacitada en cualquier momento, les pedimos a todos nuestros empleados que actualicen su información por lo menos cada cinco años.

Identificarse con una persona con discapacidad es voluntario, y esperamos que decida hacerlo. Su respuesta se mantendrá confidencial y no será vista por directivos encargados de la selección, ni por otras personas que tomen decisiones sobre el personal. Contestar el formulario no tendrá ningún efecto negativo para usted, sin importar si se ha autoidentificado en el pasado. Para obtener más información sobre este formulario o sobre las obligaciones de empleo igualitario de los contratistas federales en los términos de la Sección 503 de la Ley de Rehabilitación, visite el sitio de internet de la Oficina de Programas de Cumplimiento de Contratos Federales (OFCCP, por sus siglas en inglés) del Departamento de Trabajo de EE. UU. en [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

### ¿Cómo puede saber si tiene una discapacidad?

Se considera que tiene una discapacidad si tiene algún impedimento o trastorno médico, ya sea físico o mental, que limite sustancialmente una actividad importante de la vida, o si tiene un historial o registro de dicho impedimento o trastorno médico. *Las discapacidades incluyen, entre otras:*

- Autismo
- Enfermedades autoinmunes, como lupus, fibromialgia, artritis reumatoide o VIH/sida
- Ceguera o problemas de la vista
- Cáncer
- Enfermedad cardiovascular o cardíaca
- Enfermedad celíaca
- Parálisis cerebral
- Sordera o problemas del oído
- Depresión o ansiedad
- Diabetes
- Epilepsia
- Trastornos gastrointestinales, como enfermedad de Crohn o síndrome del intestino irritable
- Discapacidad intelectual
- Ausencia total o parcial de extremidades
- Trastornos del sistema nervioso, como migrañas, enfermedad de Parkinson o esclerosis múltiple
- Trastornos psiquiátricos, como trastorno bipolar, esquizofrenia, TEPT o depresión mayor

### Marque una de las siguientes casillas:

- Sí, tengo una discapacidad o un historial o registro de haber tenido una discapacidad
- No, no tengo una discapacidad ni un historial o registro de haber tenido una discapacidad
- No quiero responder

**DECLARACIÓN DE CARGA PÚBLICA:** De acuerdo con la Ley de Reducción de Trámites de 1995, nadie está obligado a responder un instrumento de recolección de información si dicho instrumento no muestra un número de control válido de la OMB. Contestar esta encuesta debe tomar alrededor de 5 minutos.

### Solamente para uso del empleador

*Los empleadores pueden modificar esta sección del formulario de la manera necesaria para fines de conservación de registros.*

*Por ejemplo:*

Puesto: \_\_\_\_\_ Fecha de contratación: \_\_\_\_\_

## PRIVACY NOTICE FOR CALIFORNIA RESIDENTS

**EFFECTIVE DATE: JANUARY 1, 2021**

THIS PRIVACY NOTICE FOR CALIFORNIA RESIDENTS (“NOTICE”) APPLIES SOLELY TO ALL VISITORS, USERS AND OTHERS WHO RESIDE IN THE STATE OF CALIFORNIA (“CONSUMERS” OR “YOU”). WE ADOPT THIS NOTICE TO COMPLY WITH THE CALIFORNIA CONSUMER PRIVACY ACT OF 2018 (CCPA) AND ANY TERMS DEFINED IN THE CCPA HAVE THE SAME MEANING WHEN USED IN THIS NOTICE.

THIS NOTICE DOES APPLY TO EMPLOYMENT RELATED PERSONAL INFORMATION COLLECTED FROM CALIFORNIA BASED EMPLOYEES, JOB APPLICANTS, CONTRATORS, OR SIMILAR INDIVIDUALS.

### **INFORMATION WE COLLECT:**

WE COLLECT INFORMATION THAT IDENTIFIES, RELATES TO, DESCRIBES, REFERENCES, IS REASONABLY CAPABLE OF BEING ASSOCIATED WITH, OR COULD REASONABLY BE LINKED, DIRECTLY OR INDIRECTLY, WITH A PARTICULAR CONSUMER, HOUSEHOLD, OR DEVICE (“PERSONAL INFORMATION”).

IN PARTICULAR, WE HAVE COLLECTED THE FOLLOWING CATEGORIES OF PERSONAL INFORMATION FROM CONSUMERS WITHIN THE LAST TWELVE (12) MONTHS:

- A. IDENTIFIERS: A REAL NAME, ALIAS, POSTAL ADDRESS, UNIQUE PERSONAL IDENTIFIER, ONLINE IDENTIFIER, INTERNET PROTOCOL ADDRESS, EMAIL ADDRESS, ACCOUNT NAME, SOCIAL SECURITY NUMBER, AUTHORIZATION TO WORK DOCUMENTS, DRIVER’S LICENSE NUMBER, PASSPORT NUMBER, OR OTHER SIMILAR IDENTIFIERS.
- B. PERSONAL INFORMATION CATEGORIES LISTED IN THE CALIFORNIA CUSTOMER RECORDS STATUTE (CAL. CIV. CODE 1798.80€): A NAME, SIGNATURE, SOCIAL SECURITY NUMBER, PHYSICAL CHARACTERISTIC OR DESCRIPTION, ADDRESS, TELEPHONE NUMBER, PASSPORT NUMBER, DRIVER’S LICENSE OR IDENTIFICATION CARD NUMBER, INSURANCE POLICY NUMBER, EDUCATION, EMPLOYMENT, EMPLOYMENT HISTORY, BANK ACCOUNT NUMBER, CREDIT CARD NUMBER, DEBIT CARD NUMBER, OR ANY OTHER FINANCIAL INFORMATION, MEDICAL INFORMATION, OR HEALTH INSURANCE INFORMATION.
- C. PROTECTED CLASSIFICATION CHARACTERISTICS UNDER CALIFORNIA OR FEDERAL LAW: AGE, RACE, COLOR, ANCESTRY, NATIONAL ORIGIN, CITIZENSHIP, RELIGION OR CREED, MARITAL STATUS, MEDICAL CONDITION, PHYSICAL OR MENTAL DISABILITY, SEX (INCLUDING GENDER, GENDER IDENTITY, GENDER EXPRESSION, PREGNANCY OR CHILDBIRTH AND RELATED MEDICAL CONDITIONS), SEXUAL ORIENTATION, VETERAN OR MILITARY STATUS, GENETIC INFORMATION (INCLUDING FAMILIAL GENETIC INFORMATION).
- D. GEOLOCATION DATA: PHYSICAL LOCATION OR MOVEMENTS
- E. SENSORY DATA: AUDIO, ELECTRONIC, VISUAL, THERMAL OLFACTORY, OR SIMILAR INFORMATION.
- F. PROFESSIONAL OR EMPLOYMENT RELATED INFORMATION: CURRENT OR PAST JOB HISTORY OR PERFORMANCE EVALUATIONS.
- G. NON-PUBLIC EDUCATION INFORMATION (PER THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT )20 U.S.C. SECTION 1232G, 34 C.F.R. PART 99): EDUCATION RECORDS DIRECTLY RELATED TO A STUDENT MAINTAINED BY AN EDUCATIONAL INSTITUTION OR PARTY ACTING ON ITS BEHALF SUCH AS, STUDENT SCHEDULES OR DISCIPLINARY RECORDS.

WE OBTAIN THE CATEGORIES OF PERSONAL INFORMATION LISTED ABOVE FROM THE FOLLOWING CATEGORIES OF SOURCES:

1. DIRECTLY FROM YOU: FOR EXAMPLE, FROM FORMS YOU COMPLETE.
2. FROM OTHERS: FOR EXAMPLE, HEALTH INSURANCE PROVIDER OR GOVERNMENT AGENCY.

### **USE OF PERSONAL INFORMATION**

WE MAY USE OR DISCLOSE YOUR PERSONAL INFORMATION WE COLLECT FOR ONE OR MORE OF THE FOLLOWING PURPOSES:

1. TO FULFILL OR MEET THE REASON YOU PROVIDED THE INFORMATION. FOR EXAMPLE, IF YOU SHARE YOUR NAME AND CONTACT INFORMATION WE WILL USE THAT TO CONTACT YOU.
2. TO RESPOND TO LAW ENFORCEMENT REQUEST AND AS REQUIRED BY APPLICABLE LAW, COURT ORDER, OR GOVERNMENTAL REGULATIONS.
3. AS DESCRIBED TO YOU WHEN COLLECTING YOUR PERSONAL INFORMATION OR AS OTHERWISE SET FORTH IN THE CCPA.
4. TO AUDIT AN INTERACTION WITH YOU.
5. FOR EMPLOYMENT RELATED REASONS REQUIRED BY STATE OR FEDERAL LAW.

WE WILL NOT COLLECT ADDITIONAL CATEGORIES OF PERSONAL INFORMATION OR USE THE PERSONAL INFORMATION WE COLLECTED FOR MATERIALLY DIFFERENT, UNRELATED, OR COMPATIBLE PURPOSES WITHOUT PROVIDING YOU NOTICE.

### **SHARING PERSONAL INFORMATION**

WE MAY DISCLOSE YOUR PERSONAL INFORMATION TO A THIRD PARTY FOR EMPLOYMENT RELATED REASONS. FOR EXAMPLE, HEALTH INSURANCE, DENTAL INSURANCE, EYE INSURANCE, SUPPLEMENTAL LINES OF INSURANCE, AS REQUIRED BY STATE OR FEDERAL LAW, EQUAL OPPORTUNITY COMPLIANCE, COURT ORDER, OR SIMILAR.

### ***YOUR RIGHTS AND CHOICES***

THE CCPA PROVIDES CONSUMERS (CALIFORNIA RESIDENTS) WITH SPECIFIC RIGHTS REGARDING THEIR PERSONAL INFORMATION. THIS SECTION DESCRIBES YOUR CCPA RIGHTS AND EXPLAINS HOW TO EXERCISE THOSE RIGHTS.

### ***ACCESS TO SPECIFIC INFORMATION AND DATA PORTABILITY RIGHTS***

YOU HAVE THE RIGHT TO REQUEST THAT WE DISCLOSE CERTAIN INFORMATION TO YOU ABOUT OUR COLLECTION AND USE OF YOUR PERSONAL INFORMATION OVER THE LAST 12 MONTHS. ONCE WE RECEIVE AND CONFIRM YOUR VERIFIABLE CONSUMER REQUEST (SEE EXERCISING ACCESS, DATA PORTABILITY AND DELETION), WE WILL DISCLOSE TO YOU:

- THE CATEGORIES OF PERSONAL INFORMATION WE COLLECTED ABOUT YOU
- THE CATEGORIES OF SOURCES FOR THE PERSONAL INFORMATION WE COLLECTED ABOUT YOU
- THE SPECIFIC PIECES OF PERSONAL INFORMATION WE COLLECTED ABOUT YOU (ALSO CALLED A DATA PORTABILITY REQUEST)

- IF WE DISCLOSED YOUR PERSONAL INFORMATION

### ***DELETION REQUEST RIGHTS***

YOU HAVE THE RIGHT TO REQUEST THAT WE DELETE ANY OF YOUR PERSONAL INFORMATION THAT WE COLLECTED FROM YOU AND RETAINED, SUBJECT TO CERTAIN EXCEPTIONS. ONCE WE RECEIVE AND CONFIRM YOUR VERIFIABLE CONSUMER REQUEST (SEE EXERCISING ACCESS, DATA PORTABILITY, AND DELETION) WE WILL DELETE YOUR PERSONAL INFORMATION FROM OUR RECORDS, UNLESS AN EXCEPTION APPLIES.

WE MAY DENY YOUR DELETION REQUEST IF RETAINING THE INFORMATION IS NECESSARY FOR US:

1. ENGAGE IN PUBLIC REVIEW
2. COMPLY WITH A LEGAL OBLIGATION
3. MAKE OTHER INTERNAL AND LAWFUL USES OF THAT INFORMATION THAT ARE COMPATIBLE WITH THE CONTEXT YOU PROVIDED IT.

WE DO NOT PROVIDE THESE DELETION RIGHTS FOR PERSONAL INFORMATION RELATED TO EMPLOYMENT.

### ***EXERCISING ACCESS, DATA PORTABILITY, AND DELETION RIGHTS***

TO EXERCISE THE ACCESS, DATA PORTABILITY, AND DELETION RIGHTS DESCRIBED ABOVE, PLEASE SUBMIT A VERIFIABLE CONSUMER REQUEST TO US BY EITHER:

- CALLING US AT 760-724-8131 OR TOLL FREE 877-876-7919
- OR EMAILING KELLY MCLAUGHLIN AT [KELLY@GREENFIELDFENCEINC.COM](mailto:KELLY@GREENFIELDFENCEINC.COM)
- VISIT OUR WEBSITE FOR PRIVACY STATEMENT: [WWW.GREENFIELDFENCEINC.COM](http://WWW.GREENFIELDFENCEINC.COM)

ONLY YOU, OR SOMEONE LEGALLY AUTHORIZED TO ACT ON YOUR BEHALF, MAY MAKE A VERIFIABLE CONSUMER REQUEST RELATED TO YOUR PERSONAL INFORMATION. YOU MAY ALSO MAKE A VERIFIABLE CONSUMER REQUEST RELATED TO YOUR PERSONAL INFORMATION.

YOU MAY ONLY MAKE A VERIFIABLE CONSUMER REQUEST FOR ACCESS OR DATA PORTABILITY TWICE WITHIN A 12-MONTH PERIOD. THE VERIFIABLE REQUESTS MUST:

- PROVIDE SUFFICIENT INFORMATION THAT ALLOWS US TO REASONABLY VERIFY YOU ARE THE PERSON ABOUT WHOM WE COLLECTED PERSONAL INFORMATION OR AN AUTHORIZED REPRESENTATIVE, WHICH MAY INCLUDE:
  - YOUR NAME
  - ADDRESS
  - ADDITIONAL INFORMATION DEPENDING ON THE TYPE OF REQUEST AND THE SENSITIVITY OF THE INFORMATION
- DESCRIBE YOUR REQUEST WITH SUFFICIENT DETAIL THAT ALLOWS US TO PROPERLY UNDERSTAND, EVALUATE AND RESPOND TO IT

WE CANNOT RESPOND TO YOUR REQUEST OR PROVIDE YOU WITH PERSONAL INFORMATION IF WE CANNOT VERIFY YOUR IDENTITY OR AUTHORITY TO MAKE THE REQUEST AND CONFIRM THE PERSONAL INFORMATION RELATES TO YOU.

### ***RESPONSE TIMING AND FORMAT***

WE ENDEAVOR TO RESPOND TO VERIFIABLE CONSUMER REQUESTS WITHIN FORTY-FIVE (45) DAYS OF ITS RECEIPT. IF WE REQUIRE MORE TIME, WE WILL INFORM YOU OF THE REASON AND EXTENSION PERIOD IN WRITING.

**DO NOT SELL MY PERSONAL INFORMATION**

WE DO NOT SELL PERSONAL INFORMATION. SHOULD THIS POLICY CHANGE YOU WILL BE NOTIFIED.

**NON-DISCRIMINATION**

WE WILL NOT DISCRIMINATE AGAINST YOU FOR EXERCISING ANY OF YOUR CCPA RIGHTS. UNLESS PERMITTED BY THE CCPA, WE WILL NOT:

- DENY YOU ANY SERVICES
- DENY EMPLOYMENT

**OTHER CALIFORNIA PRIVACY RIGHTS**

WE DO NOT SHARE PERSONAL INFORMATION WITH ANY THIRD PARTIES OTHER THAN REQUIRED BY FEDERAL OR STATE LAW.

**CHANGE TO OUR PRIVACY NOTICE**

WE RESERVE THE RIGHT TO AMEND THIS PRIVACY NOTICE AT OUR DISCRETION AND AT ANY TIME WHEN WE MAKE CHANGES TO THIS PRIVACY NOTICE, WE WILL POST THE UPDATED NOTICE ON THE WEBSITE AND UPDATE THE NOTICE'S EFFECTIVE DATE. YOUR CONTINUED USE OF OUR WEBSITE FOLLOWING THE POSTING OF CHANGES CONSTITUTES YOUR ACCEPTANCE OF SUCH CHANGES.

**CONTACT INFORMATION**

IF YOU HAVE ANY QUESTIONS OR COMMENTS ABOUT THIS NOTICE, THE WAYS IN WHICH WE COLLECT AND USE YOUR INFORMATION, YOUR CHOICES AND RIGHTS REGARDING SUCH USE, OR WISH TO EXERCISE YOUR RIGHTS UNDER CALIFORNIA LAW, PLEASE DO NOT HESITATE TO CONTACT US AT:

PHONE 760-724-8131 OR TOLL FREE 877-876-7919

EMAIL: [KELLY@GREENFIELDFENCEINC.COM](mailto:kelly@greenfieldfenceinc.com)