

BARTOW PRECAST, INC.
EMPLOYMENT APPLICATION

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| <p>Internal Use Only Start Date: _____ Rate: _____</p> |
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In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

Applicant Name _____ (First) _____ (Middle) _____ (Last) Date of Application _____

Social Security #: _____ Position Applied For _____

Address _____ (Street) _____ (City) _____ (State & Zip Code) How Long ? _____

Mailing Address (if different from street address) _____

Telephone # _____ E-Mail Address _____

PREVIOUS THREE YEARS RESIDENCY
(Attach sheet if more space is needed)

_____ (Street) _____ (City) _____ (State & Zip Code) # Years _____

_____ (Street) _____ (City) _____ (State & Zip Code) # Years _____

_____ (Street) _____ (City) _____ (State & Zip Code) # Years _____

EDUCATION

| SCHOOL LEVEL | SCHOOL NAME & CITY/STATE | DATES FROM (M/Y) TO (M/Y) | GRADUATE (Yes or No) | AREA OF STUDY OR DEGREE |
|--------------|--------------------------|------------------------------|-------------------------|-------------------------|
| HIGH SCHOOL | | | | |
| COLLEGE | | | | |
| COLLEGE | | | | |
| TECHNICAL | | | | |

LIST ADDITIONAL COURSES OR CONTINUING ED CLASSES THAT ARE RELEVANT TO THE POSITION APPLIED FOR:

EMPLOYMENT HISTORY
(Attach sheet if more space is needed)

Must list the complete accurate mailing address and phone number. Candidates whose employment history cannot be verified will not be considered.

List employers in reverse order starting with the most recent. Gaps in employment must be explained.

EMPLOYER NAME _____

ADDRESS _____ PHONE _____

CONTACT PERSON _____ E-MAIL ADDRESS OR FAX # _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

JOB DUTIES _____

REASON FOR LEAVING _____

EMPLOYER NAME _____

ADDRESS _____ PHONE _____

CONTACT PERSON _____ E-MAIL ADDRESS OR FAX # _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

JOB DUTIES _____

REASON FOR LEAVING _____

EMPLOYER NAME _____

ADDRESS _____ PHONE _____

CONTACT PERSON _____ E-MAIL ADDRESS OR FAX # _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

JOB DUTIES _____

REASON FOR LEAVING _____

LIST SKILLS OR MACHINERY & EQUIPMENT YOU HAVE WORKED WITH THAT ARE RELEVANT TO THE POSITION:

HAVE YOU SERVED IN THE U.S. ARMED FORCES? Yes No Currently Serving BRANCH : _____

IS THERE ANY REASON YOU MIGHT BE UNABLE TO PERFORM THE FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING? Yes No If Yes, Please Explain:

ARE YOU OVER THE AGE OF 18? Yes No If No, can you provide proof of age? Yes No

DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES? Yes No

IF HIRED, WILL YOU HAVE TRANSPORTATION TO AND FROM WORK? Yes No

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE (FELONY OR MISDEMEANOR)? Yes No

If Yes, please state nature of the crime, when and where convicted, and status of the case:

BARTOW PRECAST, INC. IS A CERTIFIED DRUG FREE WORKPLACE. IF HIRED, ARE YOU WILLING TO SUBMIT TO AND PASS A CONTROLLED SUBSTANCE TEST? Yes No

ADDITIONAL REFERENCES
(Please list two references other than employers or relatives)

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

TO BE READ AND SIGNED BY APPLICANT

I authorize Bartow Precast, Inc. to make such investigations and inquiries of my personal, employment, financial, and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

SIGNATURE _____ DATE _____

This certifies that I completed this application and that all entries on it and information in it are true and complete to the best of my knowledge.

SIGNATURE _____ DATE _____

BACKGROUND SCREENING

Bartow Precast, Inc. conducts a background screening as part of our hiring process. You will receive an emailed invitation from PSI Background Screening where you will be able to complete all forms online.

Once you receive the email from PSI, please be sure to complete all forms quickly, completely, and legibly. Errors and omissions will delay the screening and the hiring process.

My email address is: _____

BARTOW PRECAST, INC.
Pre-Employment Drug Testing Consent and Release Form

I hereby consent to submit to urinalysis and/or other tests as shall be determined by BARTOW PRECAST, INC. in the selection process of applicants for employment, for the purpose of determining the drug content thereof.

I agree that Cartersville Drug and Alcohol Testing (or other facility hired by the Company) may collect these specimens for these tests and may test them or forward them to a testing laboratory for analysis.

I further agree to and hereby authorize the release of the results of said tests to the Company.

I understand that it is the current use of illegal drugs that would prohibit me from being employed at this Company.

I further agree to hold harmless the Company and its agents (including the above-named physician or clinic) from any liability arising in whole or part out of the collection of specimens, testing, and use of the information from said testing in connection with the Company's consideration of my application of employment.

I further agree that a reproduced copy of this Pre-Employment Consent and Release Form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this Consent and Release Form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

APPLICANT:

Printed Name: _____

S.S. #: _____

Signature: _____

Date: _____

WITNESS:

Printed Name: _____

Signature: _____