



## Application for Employment

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

### INFORMATION

<b>P E R S O N A L</b>	Print name	Last	First	MI
	House No. & Street			
	City	State		Zip
	Telephone		Social Security No.	
	Is your age under 18? <input type="checkbox"/> Yes <input type="checkbox"/> No			

<b>P O S I T I O N</b>	Position Desired	Wages Desired \$
	Other positions for which you are qualified	Date Available
	Were you ever employed by Mid America Precast, Inc? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, When, Where?	
	Do you have any friends or relatives working for Mid America Precast, Inc? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, State Identity and Relationship	

<b>E D U C A T I O N</b>	School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
	Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business/Trade/Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Other Relevant Education					

*This portion of the application form will be shown only to members of the Human Resources or Hiring staff.*

<b>H I S T O R Y</b>	Have you been convicted of a felony within the last ten (10) years?	IF YES – EXPLAIN FULLY.
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	NOTE: Conviction will not necessarily be a bar to employment.	

## EMPLOYMENT HISTORY

Please list all employment starting with present or most recent employer. Account for all periods, including unemployment and service with the US Armed Forces. Also include all relevant part-time and voluntary work.  
To be completed in all cases. Resume may not be used as a substitute but may be attached.

1	Company name	Telephone, including area code
	Address	Employed - (State Month & Year) From:                      To:
	Name of Supervisor	Weekly Pay Start                      Last
	State Job Title and Describe Your Work/List significant accomplishments	Reason for Leaving
	May we contact your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
2	Company name	Telephone (including area code)
	Address	Employed - (State Month & Year) From:                      To:
	Name of Supervisor	Weekly Pay Start                      Last
	State Job Title and Describe Your Work/List significant accomplishments	Reason for Leaving
	May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
3	Company name	Telephone (including area code)
	Address	Employed - (State Month & Year) From:                      To:
	Name of Supervisor	Weekly Pay Start                      Last
	State Job Title and Describe Your Work/List significant accomplishments	Reason for Leaving
	May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	

## REFERENCES

<i>List associates from present or former employers who can attest to your professional capabilities</i>			
	Name and Address	Telephone	Occupation
1			
2			
3			

## DRUG/ALCOHOL TESTING

**I understand and agree that as a condition of employment, I may be required to undergo and successfully pass a drug test. I also understand and agree that, if employed, I may be subject to for cause, post-accident, random, and/or periodic drug and/or alcohol tests, depending on applicable state law.**

Applicant's Signature	Date
Witness	Date