

Mid-State Precast, L.P.
EMPLOYMENT APPLICATION

PLEASE PRINT

The Mid-State Precast, L.P. is an Equal Opportunity Employer and complies with Federal, State, and Local laws which prohibit discrimination on the basis of Race, National Origin, Religious Creed, Gender, Marital Status, Age, Handicap or Gender Orientation.

Position Applied for: _____ Full Time Temp Intern

Personal Information:

NAME (Please Print) Last		(Please Print) First		(Please Print) MI
Current Address (#)	Street	Apt. Number	City	
State	County	Zip Code	Social Security #	
Home Telephone	Business Phone	Other (Cell/Pager)		
Have you been known by another name? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If yes, print name _____				
Referred by:				
<input type="checkbox"/> Recruiting Firm _____ <input type="checkbox"/> Classifieds <input type="checkbox"/> Internet <input type="checkbox"/> Pankow Employee <input type="checkbox"/> Other _____				
Have you worked for Pankow previously? Yes <input type="checkbox"/> No <input type="checkbox"/>				
When? _____				

Education (Please Print)

School	City & State	Major	Year Completed	Diploma/Degree
High School				
College				
Post Graduate				
Trade Business				
Internship				

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Complete ALL Information

APPLICANT NAME _____
(Last) (First) (MI)

Most Recent Employer **Please Print** **Do not write "Refer to Resume"**

Employer			
Address (City, State, Zip Code)			
Dates Employed From To	Starting Salary _____ mo./yr. Ending Salary _____ mo./yr.	Reason for Leaving	
Type of Business	Position Held	Name of Supervisor May we call: <input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone Number
Brief Description of Duties:			

Please Print **Do not write "Refer to Resume"**

Employer			
Address (City, State, Zip Code)			
Dates Employed From To	Starting Salary _____ mo./yr. Ending Salary _____ mo./yr.	Reason for Leaving	
Type of Business	Position Held	Name of Supervisor May we call: <input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone Number
Brief Description of Duties:			

Please Print **Do not write "Refer to Resume"**

Employer			
Address (City, State, Zip Code)			
Dates Employed From To	Starting Salary _____ mo./yr. Ending Salary _____ mo./yr.	Reason for Leaving	
Type of Business	Position Held	Name of Supervisor May we call: <input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone Number
Brief Description of Duties:			

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Office Skills

Please Identify Computer Software you are familiar with:	Typing Speed: ____ WPM
Please list types of office equipment with which you are familiar, such as copier equipment, 10 key, postage meter, binding machines, personal computers.	
If requested, can you work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No Evenings? <input type="checkbox"/> Yes <input type="checkbox"/> No Weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	State Issue: _____ License Number: _____
If you have had any accidents or traffic violations in the last three years, please describe them here:	
Were you ever discharged or requested to resign from any position? Explain.	
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe circumstances. (Conviction of a crime is not an automatic bar to consideration of employment; however persons convicted of certain felonies and other crimes may be ineligible for employment for certain positions under California law.)	
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did you serve in the U.S. Military? Army <input type="checkbox"/> Navy <input type="checkbox"/> Marines <input type="checkbox"/> Airforce <input type="checkbox"/> National Guard <input type="checkbox"/>	
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Alien Registration Number: _____	
If hired, you MUST provide proof of legal right to work in the U.S.	
Are you able to perform the essential functions of the position of which you are applying, either with or without reasonable accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If necessary, please describe what type(s) of reasonable accommodations are needed:	
Do any of your relatives currently work for Mid-State Precast, L.P.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please note that company policy currently allows us to hire relatives of employees only if (1) the individuals concerned will not work in a direct supervisory relationship; and (2) the employment will not pose difficulties for supervision, security, safety or morale.	

PLEASE READ CAREFULLY AND SIGN:

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements verified by the Company unless I have indicated to the contrary. I authorize the references listed above, as well as all other individuals whom the company contacts, to provide the company 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 any 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 the company.

In consideration of my employment, I agree to conform to the rules and standards of the Company. I further 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. Understand that no employee or representative of the Company, other than its president, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. Further, the President of the Company may not alter the at-will nature of the employment relationship unless the President and I both sign a written agreement that clearly and expressly specifies the intent to do so. I agree that this constitutes an integrated agreement with respect to the at-will agreements regarding this issue.

I also understand that all offers of employment are conditioned on the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States.

Applicant's Name (Please Print)

Signature of Applicant

Date