

540 ULSTER LANDING ROAD
KINGSTON, NY 12401
PHONE: (845) 336-8880
FAX: (845) 336-8962
EMAIL: lhvprecastinc@aol.com
WEB SITE: www.lhvprecast.com

LHV PRECAST, INC

"The Creative Applications Specialists"

Date: _____ Social Security # _____

Name: _____
(Last) (First) (Middle)

Present Address: _____
(Number & Street) (City, State, Zip)

Telephone Number: (____) _____ Date of Birth: _____
(if under 21 or over 65)

Salary Desired: _____ Height: _____ Weight: _____

Position Desired: _____ Date Available for Work: _____

If related to anyone in our employ, please state name & relationship: _____

Referred by: _____

Are you employed now? _____ If so, may we contact present employer? _____

Have you been convicted of a felony in the last seven (7) years? _____
(Such conviction may be relevant if job related, but does not bar you from employment.)

EDUCATION:

SCHOOL NAME & ADDRESS

High School: _____

College, Business or Technical: _____

EMPLOYMENT EXPERIENCE:

<u>FROM-TO</u>	<u>NAME / ADDRESS / PHONE</u>	<u>SALARY</u>
1) _____	_____	_____

Work Performed/Reason Leaving: _____

2) _____	_____	_____
----------	-------	-------

Work Performed/Reason Leaving: _____

REFERENCES: Give the names of two persons not related to you, and are not previous employers.

<u>NAME</u>	<u>ADDRESS & PHONE</u>	<u>OCCUPATION</u>	<u>YEARS KNOWN</u>
1) _____	_____	_____	_____
2) _____	_____	_____	_____

QUALIFICATIONS ACQUIRED FROM EMPLOYMENT AND/OR OTHER EXPERIENCE:

PHYSICAL RECORD: Do you have any impairment that would interfere with your ability to perform the job for which you have applied?

Reason for applying here for a job?

I CERTIFY THAT THE ANSWERS GIVEN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS GIVEN IN MY APPLICATION IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY REGARDLESS OF THE DATE, PAYMENT OF MY WAGES AND/OR SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

(SIGNATURE)

(DATE)

PERSONNEL DEPARTMENT USE ONLY

ARRANGE INTERVIEW: YES NO

REMARKS: _____

EMPLOYED: YES NO

DATE OF EMPLOYMENT: _____ JOB TITLE: _____

DEPARTMENT: _____

HOURLY RATE/SALARY: _____

BY: _____
(SIGNATURE)

(DATE)