LHV PRECAST INCORPORATED

540 Ulster Landing Road
Kingston, NY 12401
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FAX: 845-336-8962
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Employment Application

Date: _____ Social Security #: _____

Last Name: _____ First Name: _____ Middle: _____

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

Phone Num- _____ Date of Birth: _____

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 your 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:

High School Name & Address _____

College, Business or Technical: _____

_____

Employment Experience:

From–To Name/Address/Phone Salary

1.) _____ _____ _____

Work Performed/Reason for Leaving: _____

2.) _____ _____ _____

Work Performed/Reason for Leaving: _____

References:

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

Name Address & Phone Occupation Years known

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 for a job here?

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