



PRECAST CONCRETE PRODUCTS

78 Precast Road • Milton, VT 05468 • (802) 893-2401

# APPLICATION FOR EMPLOYMENT

*"An Equal Opportunity Employer"*

Date: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Position(s) Applied for \_\_\_\_\_

In case of emergency notify \_\_\_\_\_  
Name (H) Phone (W) Phone

## EDUCATION

Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

Special Training \_\_\_\_\_

Special Skills (Including machine operation) \_\_\_\_\_

## PREVIOUS WORK EXPERIENCE – List below, beginning with most current

<b>EMPLOYER</b> (Provide name, address & phone number) _____ _____ _____	<b>DATES OF EMPLOYMENT</b>   	<b>POSITION HELD</b>   
REASON FOR LEAVING		
<b>EMPLOYER</b> (Provide name, address & phone number) _____ _____ _____	<b>DATES OF EMPLOYMENT</b>   	<b>POSITION HELD</b>   
REASON FOR LEAVING		
<b>EMPLOYER</b> (Provide name, address & phone number) _____ _____ _____	<b>DATES OF EMPLOYMENT</b>   	<b>POSITION HELD</b>   

REASON FOR LEAVING

NOTE: Physicals and drug testing are a standard part of our hiring process.

SERVICE RECORD

Branch of U.S. Military Service \_\_\_\_\_  
National Guard \_\_\_\_\_ Discharge Date \_\_\_\_\_

PHYSICAL HISTORY

List any handicap that prevents you from doing certain kinds of work \_\_\_\_\_

Are you physically capable of heavy manual work? \_\_\_\_\_

How much time lost from work in past three years due to illness? \_\_\_\_\_

If you are currently working, may we contact your employer? \_\_\_\_\_

Do you have relatives who are currently in our employ? \_\_\_\_\_

Have you worked for this company before? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

To determine my qualifications for employment, I authorize this company to conduct an investigation on any information that is on this application. I understand that any false or misleading information furnished by me on this application form or in connection with my application for employment may result in rejection of the application or if employed by this company, in the termination of employment.

Please print this Application, Sign & Email to:  
Info@campprecast.com

Signature

[Red signature box]

FOR OFFICE USE ONLY/Review with employee

This section to be completed by Camp Precast Concrete Products only after applicant is hired. Information to be used only for completing records and not for hiring purposes.

Sex: Male  Female  Marital Status: Single  Married

Date employment to start \_\_\_\_\_ Classification: \_\_\_\_\_

Department: \_\_\_\_\_ Starting Rate of Pay: \_\_\_\_\_

90 Day temporary: \_\_\_\_\_

INTERVIEWER'S COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_