

**BARTOW PRECAST, INC.**  
**EMPLOYMENT APPLICATION**

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

Applicant Name \_\_\_\_\_ Date of Application \_\_\_\_\_  
 (First) (Middle) (Last)

Social Security #: \_\_\_\_\_ Position Applied For \_\_\_\_\_

Address \_\_\_\_\_ How Long ? \_\_\_\_\_  
 (Street) (City) (State & Zip Code)

Mailing Address (if different from street address) \_\_\_\_\_

Telephone # \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**PREVIOUS THREE YEARS RESIDENCY**  
**(Attach sheet if more space is needed)**

\_\_\_\_\_ # Years \_\_\_\_\_  
 (Street) (City) (State & Zip Code)

\_\_\_\_\_ # Years \_\_\_\_\_  
 (Street) (City) (State & Zip Code)

\_\_\_\_\_ # Years \_\_\_\_\_  
 (Street) (City) (State & Zip Code)

**EDUCATION**

SCHOOL LEVEL	SCHOOL NAME & CITY/STATE	DATES		GRADUATE (Yes or No)	AREA OF STUDY OR DEGREE
		FROM (M/Y)	TO (M/Y)		
HIGH SCHOOL					
COLLEGE					
COLLEGE					
TECHNICAL					

LIST ADDITIONAL COURSES OR CONTINUING ED CLASSES THAT ARE RELEVANT TO THE POSITION APPLIED FOR:

\_\_\_\_\_

**EMPLOYMENT HISTORY**  
(Attach sheet if more space is needed)

**Must list the complete accurate mailing address and phone number. Candidates whose employment history cannot be verified will not be considered.**

**List employers in reverse order starting with the most recent. Gaps in employment must be explained.**

EMPLOYER NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ E-MAIL ADDRESS OR FAX # \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

JOB DUTIES \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

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EMPLOYER NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ E-MAIL ADDRESS OR FAX # \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

JOB DUTIES \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

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EMPLOYER NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ E-MAIL ADDRESS OR FAX # \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

JOB DUTIES \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

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LIST SKILLS OR MACHINERY & EQUIPMENT YOU HAVE WORKED WITH THAT ARE RELEVANT TO THE POSITION:

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

HAVE YOU SERVED IN THE U.S. ARMED FORCES?  Yes  No  Currently Serving BRANCH : \_\_\_\_\_

IS THERE ANY REASON YOU MIGHT BE UNABLE TO PERFORM THE FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING?  Yes  No If Yes, Please Explain:

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ARE YOU OVER THE AGE OF 18?  Yes  No If No, can you provide proof of age?  Yes  No

DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES?  Yes  No

IF HIRED, WILL YOU HAVE TRANSPORTATION TO AND FROM WORK?  Yes  No

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE (FELONY OR MISDEMEANOR)?  Yes  No  
If Yes, please state nature of the crime, when and where convicted, and status of the case:

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BARTOW PRECAST, INC. IS A CERTIFIED DRUG FREE WORKPLACE. IF HIRED, ARE YOU WILLING TO SUBMIT TO AND PASS A CONTROLLED SUBSTANCE TEST?  Yes  No

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**ADDITIONAL REFERENCES**  
(Please list two references other than employers or relatives)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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**TO BE READ AND SIGNED BY APPLICANT**

I authorize Bartow Precast, Inc. to make such investigations and inquiries of my personal, employment, financial, and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

This certifies that I completed this application and that all entries on it and information in it are true and complete to the best of my knowledge.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_