

STANDARD CONCRETE PRODUCTS, INC.

APPLICANT INFORMATION FORM

(WE ARE AN EQUAL OPPORTUNITY EMPLOYER)

Screening Tests For Illegal Drug Use Are Required As A Condition Of Employment.

Background Checks Are Required As A Condition Of Employment

Classification Desired: _____

Placement Desired: _____ Full Time _____ Part Time _____ Temporary

FOR OFFICE USE

When are you available for work? _____

Project _____

Are you willing to work where needed? Yes No

Code _____

APPLICANT'S STATEMENT

I understand that Standard Concrete Products, Inc. is committed to providing equal opportunity practices, including but not limited to selection, hiring, promotion, transfer, and compensation to all qualified applicants and employees without regard to age, race, color, national origin, sex, religion, disability, or any other category protected by law.

In making this application for employment, I understand that the Company may investigate my driving record and my criminal record and that an investigative consumer report may be made, whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics, financial responsibility, and mode of living. I understand that I have a right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigative consumer report.

I authorize the work and personal references listed in the application, and any other individuals I may name, to give Standard Concrete Products, Inc. or its designee any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release such parties from all liability for any damages that may result from furnishing same to Standard Concrete Products, Inc.

I understand that Standard Concrete Products, Inc. reserves the right to the extent permitted by law, to require a medical examination including, but not limited to, any drug screening test, urinalysis, blood test, breathalyzer, or other procedure, of an applicant or an employee either prior to employment or any time during employment, and I hereby give my consent to any such test or examination. I consent to the release of the results of any such test or examination to Standard Concrete Products, Inc.

I understand that this employment application and any other Company documents are not promises of employment. Should I be employed, I understand that my employment will be on a trial period for sixty days from the date of my hiring. I further understand that if I am employed, I can terminate my employment with or without cause and with or without notice, at any time and that the Company has a similar right. I understand that no manager or representative of the Standard Concrete Products, Inc. has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, except that the President may do so in writing.

The information given by me in this application is true in all respects, and I agree that if the information is found to be false, misleading or unsatisfactory in any respect (in the exclusive judgement of the Company) that I will be disqualified from consideration for employment or subject to immediate dismissal.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THIS STATEMENT

Date

Signature of Applicant

PERSONAL DATA

Name _____ Social Security No. _____
 (Print) Last Name First Middle

Present Address _____ How long have you lived there? _____
 Street and Number City State Years Months

Previous Address _____ How long did you live there? _____
 Street and Number City State Years Months

Telephone No. _____ Birthdate _____ (For federal regulatory purposes)

Have you ever worked for this Company before? Yes No
 If yes, please give dates and position: _____

Do you have any friends or relatives working here? Yes No
 If yes, Name: _____ Relationship: _____

How were you referred to us? _____ Name of referral service: _____

Do you have a valid driver's license? Yes No

	License No.	State	Expiration Date
	License No.	State	Expiration Date

Have you been cited for a traffic violation of any kind within the last FIVE years? Yes No
 If yes, please give date and details: _____

Have you ever been disqualified to drive a motor vehicle or had your operator's permit revoked, suspended, withdrawn, or denied? Yes No If yes, explain: _____

Have you ever pled guilty or "no contest" to a crime or been convicted of a crime? Yes No
 If yes, please give date and details: _____

NOTE: Answering "Yes" to this question does not constitute an automatic bar to employment.

Do you have any commitments or work with any other employer that may affect your employment? Yes No
 If yes, explain: _____

EDUCATION				
School Name	Years Completed: (Circle)	Diploma/ Degree	Describe Course of Study or Major	Describe Specialized Training, Experience, Skills, and Extra- Curricular Activities
Elementary	4 5 6 7 8	_____	_____	_____
High School	9 10 11 12	_____	_____	_____
College/University	1 2 3 4			
Graduate/Professional	1 2 3 4			
Trade or Correspondence				

SAFETY MATTERS

Have you ever been disciplined by an employer for violating Company, OSHA or DOT safety rules or regulations?
 Yes No If yes, explain: _____

Note: Answering "yes" to these questions does not constitute an automatic bar to employment.

EMERGENCY INFORMATION

In case of an accident or other emergency, who should we contact?

Name _____ Relationship _____

Home Address _____ Telephone _____
Street City State

Work Address _____ Telephone _____
Street City State

RECORD OF PREVIOUS EMPLOYMENT

Please list the names of your present and ALL previous employers in chronological order with present or last employer listed first. If self-employed, give firm name and supply business references.

Present or Last Employer	Employed From (mo/yr)	Pay Start	Your Title or Position	Major Job Duties
Address		\$		
City, State, Zip Code	To (mo/yr)	Final	Name of Last Supervisor	Reason For Leaving
Telephone		\$		
Previous Employer	Employed From (mo/yr)	Pay Start	Your Title or Position	Major Job Duties
Address		\$		
City, State, Zip Code	To (mo/yr)	Final	Name of Last Supervisor	Reason For Leaving
Telephone		\$		
Previous Employer	Employed From (mo/yr)	Pay Start	Your Title or Position	Major Job Duties
Address		\$		
City, State, Zip Code	To (mo/yr)	Final	Name of Last Supervisor	Reason For Leaving
Telephone		\$		
Previous Employer	Employed From (mo/yr)	Pay Start	Your Title or Position	Major Job Duties
Address		\$		
City, State, Zip Code	To (mo/yr)	Final	Name of Last Supervisor	Reason For Leaving
Telephone		\$		

Have you ever been terminated or asked to resign from any job? Yes No If yes, please explain circumstances

Please explain fully any gaps in your employment history. Be sure to account for all periods of time including military service and any period of unemployment.

May we contact your current employer? Yes No If no, please explain: _____

CHARACTER REFERENCES – Please list persons who know you well – Not previous employers or relatives

Name	Occupation	Address (Street, City and State)	Telephone Number	Number of Years Known

ADDITIONAL INFORMATION

Please indicate any actual experience you have in any of the following positions:

Management/Supervision/Sales

- General Manager
- Plant Manager
- Production Manager
- Quality Control Manager
- Office Manager
- Sales Manager
- Estimator
- Production Superintendent
- Shipping Superintendent
- Outside Sales
- Inside Sales

Production

- Foreman
- Leadman
- Finisher
- Carpenter
- Welder
- Cutting Torch
- Electrician
- Tuckerbilt Operator
- Forklift Operator
- Loader Operator
- Bobcat Operator
- Laborer

Shipping

- Crane Foreman
- Crane Operator
- Rigger
- Truck Driver

Quality Control

- Senior QC Technician
- QC Technician

Maintenance

- General Plant Maintenance
- Diesel Mechanic

Office/Administration

- Accounting: Payables/Receivables
- Clerical
- Secretary
- Switchboard/Receptionist

OTHER: _____

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF THIRTY (30) DAYS.
IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.