

## General Employment Application

Please Print All Information

<b>Position:</b>		<b>Date:</b>	
<b>Surname:</b>		<b>First Name:</b>	
<b>Street Address:</b>			
<b>City:</b>		<b>Province:</b>	
<b>Home#:</b>		<b>Mobile#:</b>	
<b>Email:</b>		<b>Preferred Communication</b>	Phone <input type="checkbox"/> Email <input type="checkbox"/>

How Did You Learn About This Opening?

Advertisement      Walk-In      Relative / Friend: \_\_\_\_\_

What are you looking for?

Temporary      Part Time      Full Time

Date Available: \_\_\_\_\_ Expected Rate of Pay: \$ \_\_\_\_\_ per hour

<b>Are you currently employed?</b>	Yes	No
<b>Are you legally entitled to work in Canada?</b>	Yes	No
<b>Have you been convicted of a crime within the last seven (7) years?</b> (Conviction will not disqualify an applicant from employment)	Yes	No
<b>Do you have reliable means of transportation to commute to work?</b>	Yes	No
<b>Are you aware of any health problem that would preclude you from performing the duties of this job?</b>	Yes	No
<b>Are you willing to undergo a job-related Medical Examination by a Physician, if required for the role?</b>	Yes	No
<b>Do you have a valid driver's license, with a clean driving record?</b>	Yes	No

# The Precast Group



## EDUCATION:

High School:	
University:	
Technical/Other:	

## PRIOR WORK HISTORY *(List in order, Last or present employer first)*

CURRENT EMPLOYER				
Dates		Employer	Rate of Pay	Reason for Leaving
From	To			
Responsibilities:				
PREVIOUS EMPLOYER				
Dates		Employer	Rate of Pay	Reason for Leaving
From	To			
Responsibilities:				

May we contact the employers listed above?	Yes	No
Have you ever been employed by another company within the Precast Group (Utility Structures (USI) or Central Precast)?	Yes	No
If yes, which company and when?		
Which company are you applying to?		
Central Precast	MCON	USI
Can you perform the labor intensive and repetitive physical duties?	Yes	No
If yes, describe.		



Have you had any convictions or insurance claims arising out of the use, ownership or operations of any motor vehicle during the past 3 years?	Yes	No
If yes, describe.		

## REFERENCES

List of 2 people, preferably supervisors, who can speak to your work performance (no relatives)

Name	Occupation	Phone Number
1.		
2.		

Do you have any other information you would like to share (ie certifications/specialty skills/education)?

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Thank you for completing this application form and for your interest in employment with us. We would like to assure you that your opportunity for employment with this company will be based only on your merit and on no other consideration.

**APPLICANT'S STATEMENT** *(Please read carefully before signing)*

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation into all statements contained in this application, as may be necessary, to arrive at an employment decision.

I hereby release the Company , any former employer and any third party from any liability whatsoever that may be imposed, as a result of the release of such information. Should I be employed by the Company, any false or misleading information will result in my employment being immediately terminated.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_

**NAME OF APPLICANT** *(please print)*: \_\_\_\_\_