



Applicant Name: _____

KERKSTRA PRECAST, INC.

Application for Employment

An Equal Employment Opportunity Employer

Instructions

Although this application may be given consideration, its receipt does not imply that there are open positions or that the applicant will be employed. Kerkstra Precast, Inc. reserves its right to withdraw any offer of employment at any time. Similarly, the applicant has the right to withdraw this application at any time. If you wish to submit a resume, you may attach it to this application but, in addition, you must complete this application and answer **all** questions, even those which relate to information on your resume. Please be sure that all of your answers on this application are complete, correct, and truthful. You should understand that any omission of relevant information, any false or misleading statement, or any failure to disclose facts which, if known, might reflect unfavorably on this application, may result in dismissal even if you are employed.

Please answer every question. You will not be considered as a candidate for a job until we have received this application fully completed and signed.

Kerkstra Precast, Inc. is an equal opportunity employer. We do not discriminate in consideration or hiring because of race, color, religion, sex, national origin, height, weight, marital status, familial status, age, non-disqualifying disability, veteran status, or any other characteristic protected by law.

DO NOT WRITE IN THIS BLOCK – FOR EMPLOYER USE ONLY

Date: _____

Interviewed by: _____

Tested (if applicable): Yes No

Tested by: _____

Hired: Yes No Position: _____

Salary/ Wage: _____ Exempt: Yes No

Starting Date: _____

Other: _____

Turn page to start application for employment.

PRINT YOUR NAME AS IT APPEARS ON YOUR SOCIAL SECURITY CARD.

TODAY'S DATE: _____

 (First) (Middle) (Last) E-mail Address _____

 (Number) (Street) Home Telephone Number:
 (_____) _____

 (Apt, Condo, Unit, etc) Daytime Telephone Number (if different from above):
 (_____) _____

 (City) (State) (Zip) (Length of Time at Current Address)
 _____ Years _____ Months

List previous addresses within the United States, except military, if your address changed during the past 5 years. (Start with the most recent address.)

No.	Street	City	State	Zip	From (Date)	To (Date)

Employment Request

Type of work desired: _____

Specify position(s) for which you are applying: (1) _____ (2) _____

Salary Requirements: _____ per hour/ per week / per annum (circle one)

Kind of work sought? Full-time Part-time

If you would be available for part-time work, please list the days of the week and hours you would be available: _____

What shifts are you available to work? Any shift Not First Not Second Not Third

How were you referred to us? _____ Date available for work? _____

If you applied in response to an advertisement, where did you see the ad? _____

Have you applied with us previously? Yes No If yes, when and where? _____

List everyone you know who works for us: _____

Are you able to do the essential functions of the job(s) for which you are applying with or without reasonable accommodation?
 Yes No

Attendance Record

How much time have you been absent from work or school during each of the past two calendar years?

 (Year) (No. of days) _____ (Year) _____ (No. of days)

EMPLOYMENT RECORD (Please complete your employment history even if a resume is submitted. If you need more space, please attach additional sheets.)

Are you presently employed? Yes No May we contact your present employer to obtain a reference? Yes No

Starting with PRESENT or MOST RECENT, list all previous employers. Include self-employment, summer, and part-time jobs. Account for periods of unemployment of more than 30 consecutive days by listing "unemployed" under EMPLOYER, and state beginning and ending dates of unemployment.

EMPLOYER (Present or Most Recent):			DATE STARTED:	PAY AT START:
STREET	CITY	STATE	DATE LEFT:	PAY AT LEAVING:
SUPERVISOR	DEPT.	TELEPHONE	REASON(S) FOR LEAVING:	

YOUR JOB AND RESPONSIBILITIES (Please be specific; describe in detail)

EMPLOYER:			DATE STARTED:	PAY AT START:
STREET	CITY	STATE	DATE LEFT:	PAY AT LEAVING:
SUPERVISOR	DEPT.	TELEPHONE	REASON(S) FOR LEAVING	

YOUR JOB AND RESPONSIBILITIES (Please be specific; describe in detail)

EMPLOYER:			DATE STARTED:	PAY AT START:
STREET	CITY	STATE	DATE LEFT:	PAY AT LEAVING:
SUPERVISOR	DEPT.	TELEPHONE	REASON(S) FOR LEAVING	

YOUR JOB AND RESPONSIBILITIES (Please be specific; describe in detail)

EMPLOYER:			DATE STARTED:	PAY AT START:
STREET	CITY	STATE	DATE LEFT:	PAY AT LEAVING:
SUPERVISOR	DEPT.	TELEPHONE	REASON(S) FOR LEAVING:	

YOUR JOB AND RESPONSIBILITIES (Please be specific; describe in detail)

Education					
	Name of School	City and State	Course or major		
High School(s)				Last grade Completed (Circle): 9 10 11 12	
				Last grade Completed (Circle): 9 10 11 12	
College(s)				Number of Years Completed (Circle): 1 2 3 4	Degree
				Number of Years Completed (Circle): 1 2 3 4	Degree
Graduate Studies				Number of Years Completed (Circle): 1 2 3 4	Degree
Other-Give Type				Number of Years Completed (Circle): 1 2 3 4	Degree

Vocational or technical courses studied: _____

Business or secretarial courses studied: _____

List any computer software and equipment and other office equipment you can operate proficiently: _____

List any special certification, skill, knowledge, or experience which you feel may be relevant to the job you are seeking: _____

Are you planning to pursue or are you currently enrolled in any studies or courses? Yes No

If yes, when, where, for what period of time, and for what courses are you enrolled? _____

If you are currently employed, why do you want to change your job? _____

Have you ever been fired, dismissed, asked to resign, resigned by a mutual agreement, or otherwise been terminated from any job? Yes No If yes, what job and why? _____

PERSONAL INFORMATION

Are you 18 years of age or older? Yes No

Have you ever been convicted of any crime other than a routine traffic offense? (Includes a "no contest" or "guilty" plea.)
 Yes No

If yes, explain: _____

Are you currently under indictment or charged with a felony? Yes No

If yes, explain: _____

Disclosure of conviction(s) and/or pending felony charge(s) will not operate as an absolute bar to employment, and will be considered in light of the age and time of the offense, the seriousness and nature of the violation, and the extent of rehabilitation since the offense.

Have you ever had an application or surety bond refused? Yes No

BUSINESS REFERENCES (Do Not List Immediate Family Members or Other Relatives)

Name	Address	Telephone
_____	_____	(____) _____
_____	_____	(____) _____
_____	_____	(____) _____

(Please use this space below to complete any answers and to provide additional information)

APPLICANT'S CERTIFICATION AND AGREEMENT

PLEASE READ CAREFULLY AND SIGN BELOW IF YOU AGREE TO THESE TERMS OF EMPLOYMENT

1. **Certification of Truthfulness:** I certify that all statements on this Application for Employment are complete and truthful and agree that such statements may be investigated and if found to be false, will be sufficient reason for not being employed, or if employed, may result in my dismissal.
2. **Employment At-Will:** If hired by Kerkstra Precast, Inc., I agree that my employment is at-will. I understand that I will be free to resign my employment at any time with or without cause, and with or without prior notice or warning to Kerkstra Precast, Inc. Kerkstra Precast, Inc. may similarly terminate my employment at any time with or without cause and with or without prior review, notice, or warning. I agree to comply with all rules, regulations, policies, and communications directed to employees, including any changes made from time to time.
3. **Limitation on Claims:** I agree that any lawsuit against Kerkstra Precast, Inc. and/or its agents arising out of my employment or termination of employment, including but not limited to claims arising under State and Federal civil rights statutes, must be brought within the following time limits or be forever barred: (a) for lawsuits requiring Notice of Right to Sue from EEOC, within 90 days after the EEOC issues its notice; or (b) for all other lawsuits, within (i) 180 days of the event(s) giving rise to the claim or (ii) the time limit specified by statute, whichever is shorter. I waive any statute of limitations that exceeds this time limit.
4. **Authorization to Work:** If I am selected for hire, I will be offered employment provided I verify that I am authorized to work as required by the Immigration Reform and Control Act of 1986.
5. **Need For Accommodation:** If I, due to a physical or mental disability, require an accommodation to perform the job for which I am selected, I must give Kerkstra Precast, Inc. written notice of that need within 182 days after I know or reasonably should have known that an accommodation is needed. Failure to do so may bar me from alleging that Kerkstra Precast, Inc. has not accommodated me as required by law. I also understand that I must notify Kerkstra if I require any accommodation to participate in the application process and/or the job interview, including any testing which may be required to determine my qualifications for the position.
6. **Authorization for Employment/Educational Information:** I authorize the references listed in this Application for Employment, and any prior employer, educational institution, or any other persons or organizations to give this Company any and all information concerning my previous employment/educational accomplishments, disciplinary information or any other pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing the same to you. I hereby waive written notice that employment information is being provided by any person or organization.
7. **Criminal Records Check:** I authorize the Company to secure my criminal conviction history. I agree to execute the appropriate authorization if necessary to obtain such information.
8. **Release of Medical Information:** I authorize every medical doctor, physician, or other health care provider to provide any and all information, including but not limited to, all medical reports, laboratory reports, X-rays or clinical abstracts relating to my previous health history or employment in connection with any examination, consultation, test, or evaluation. I hereby release every medical doctor, health care personnel, and every other person, firm, officer, corporation, association, organization, or institution which shall comply with the authorization or request made in this respect from any and all liability. I understand that this release will not be sent to my physician or other health care provider until a conditional job offer has been made.
9. **Physical Exam and Drug and Alcohol Testing:** I agree to take a physical exam following a conditional job offer. I also authorize the Company or its designated agent(s) to withdraw specimen(s) of my blood, urine, hair, and/or other substances for chemical analysis. One purpose of this analysis is to determine or exclude the presence of alcohol, drugs, or other substances. I understand that decisions concerning my employment may be made as a result of these tests.
10. **Disclosures:** I agree that the contents of any offices, work spaces, desks, computers/computer generated data, any Kerkstra Precast, Inc. property I may be using, and any of my own property I bring onto Kerkstra Precast, Inc.'s premises, may be inspected by Kerkstra Precast, Inc. at any time it determines there is reasonable cause to do so, and I waive and promise not to make any claims against Kerkstra Precast, Inc. (or its employees or agents) relating to such inspection. I understand and agree that client names and information, financial data, computer information and processes are confidential and proprietary information and I will not make written or other copies or notes regarding these matters except as necessary to perform my job. I agree that if my employment ends, I will deliver to Kerkstra Precast, Inc. all materials of any kind that I have relating to its business, including any such copies or notes.
11. **Consideration for Employment:** I understand that my application will be considered pursuant to the Company's normal procedures for a period of thirty (30) days. If I am still interested in employment thereafter, I must reapply. I agree that if any of the above commitments is ever found to be legally unenforceable as written, the particular commitment concerned shall be limited to allow its enforcement as far as legally possible.

I understand that I may take this application form with me to submit at a later time if I choose to do so. I acknowledge by my signature that I have been given adequate time to read, complete, and review my Application for Employment, including this page, and acknowledge that with my signature below. I have read, understand, and agree to items 1 through 11 above and the items listed in the Application for Employment, including this page, and also acknowledge that with my signature below.

Date _____, 20____

Signature of Applicant _____

AUTHORIZATION AND WAIVER

This authorization and waiver is part of my written application for employment with Kerkstra Precast, Inc.

I authorize all employers and educational institutions where I am or have been employed or enrolled, and all law enforcement agencies, to disclose to Kerkstra Precast, Inc. any and all information in their possession about my employment history (including disciplinary and other matters), personal background, and/or credit background. I hereby waive written or other notices from all such parties of their release of any such information to Kerkstra Precast, Inc. I further authorize all educational institutions I have attended to disclose to Kerkstra Precast, Inc. any and all information in their possession regarding my attendance and performance at such institution, including but not limited to: disclosure of any diploma or degree of certification awarded; disclosure of academic information and transcripts; and disclosure of any disciplinary record. I hereby waive written or other notice from such institution of its release of any such information to Kerkstra Precast, Inc.

I understand that under Michigan’s Bullard-Plawecki Employee-Right-To-Know Act I am entitled to notice of the release of information from my personnel record, and I hereby specifically waive any such notice from any prior employer.

I release all my prior employers and educational institutions, and all law enforcement agencies, from any liability or claim relating to the release of information, records or opinions to Kerkstra Precast, Inc. or relating to any employment decisions made by Kerkstra Precast, Inc. as a result thereof.

For purposes of this Authorization and Waiver, a photocopy of my signature shall have the same force and effect as my original signature.

Name (please print)_____

Signature_____

Date_____, 20____

FAIR CREDIT REPORTING ACT DISCLOSURE

Kerkstra Precast, Inc. may wish to obtain and use a consumer report or an investigative consumer report from an external consumer reporting agency for employment purposes. These purposes may include but are not limited to:

- Considering your application for employment;
- Making a decision about whether to offer you employment with Kerkstra Precast, Inc.;
- Deciding whether to continue your employment (if you are hired by Kerkstra Precast, Inc.);
- Periodic rescreening of current employees, and/or;
- Making any other employment decisions that may affect you.

A consumer reporting agency is a person or business that regularly assembles or evaluates consumer credit information or other information on consumers. As an applicant or an employee, you are considered a "consumer" under the Fair Credit Reporting Act.

A consumer report may include information about your character, general reputation, personal characteristics, or mode of living, which is used or collected for employment purposes. An investigative consumer report also involves personal interviews with sources such as employers, educators, and others.

You have a right to request disclosures of the nature and scope of any investigative consumer report that Kerkstra Precast, Inc. obtains about you. Further, before taking any adverse action based in whole or in part on the report, Kerkstra Precast, Inc. will provide you with a copy of the report and a summary of your rights concerning the same. The information from the report will not be used in violation of any applicable federal or state equal employment law or regulation.

Acknowledgment and Authorization

I hereby authorize Kerkstra Precast, Inc. to request and obtain consumer reports and investigative consumer reports about me from any consumer reporting agency. Kerkstra Precast, Inc. may consider information in consumer reports and investigative consumer reports when making decisions regarding any aspect of my application for employment and/or continued employment with Kerkstra Precast, Inc., including periodic rescreening of current employees.

Signature

Name (Print)

Date: _____, 20__

Drug Screen Policy

It is Kerkstra Precast's desire to provide a drug-free, healthy and safe workplace. To promote this goal, employees are required to report to work in appropriate mental and physical condition to perform their jobs in a satisfactory manner. Using or being under the influence of drugs on the job poses a serious safety and health risk.

Testing Guidelines

To help ensure a safe and healthful working environment the following drug/alcohol testing will be conducted:

- ✓ **All applicants are required to complete a post offer, pre-employment physical and drug screen.**
- ✓ **All temporary employees will complete a drug screen arranged by the contracted agency prior to their first day of work.**
- ✓ Random drug/alcohol screening will be conducted on an ongoing basis for all employees with a third party administrator conducting the random selection.
- ✓ Random DOT drug/alcohol screening will be conducted as required by law for all CDL-A and/or CDL-B licensed truck drivers with a third party administrator conducting the random selection.
- ✓ Any employee suspected of being under the influence of drugs or alcohol while performing any work duties is subject to a drug and/or alcohol screen at the discretion of the Manager.
- ✓ Any employee that requires medical attention due to an accident/injury will be required to complete a drug and/or alcohol screen on the day of the incident.
- ✓ An employee involved in the accident/injury on company premises or at a job site may be sent for a drug screen at the Manager's discretion.
- ✓ A drug and/or alcohol screen will be conducted when an employee damages product, equipment or company property valued at or above \$2,000. An employee may be sent for a drug screen when product/equipment damage is below \$2,000 at the Manager's discretion.
- ✓ CDL-A/CDL-B Drivers will be tested after a "Reportable accident" means an accident involving (1) death, or (2) where the Driver received a citation for a moving traffic violation, and there was an injury requiring immediate medical treatment away from the scene of an accident, or towing of a vehicle away from the scene of an accident.

Applicant Signature

Date

KERKSTRA PRECAST, INC.

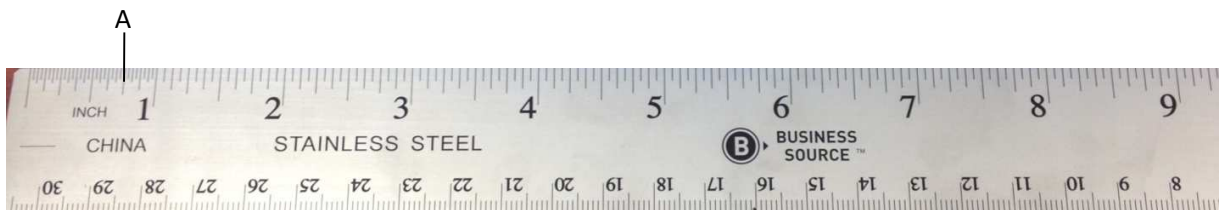
Tape Measure Quiz

Please complete the following equations. If you need space to work on problems, feel free to use the back of this form.

Name: _____

Date: _____

- 1) $2' 8'' =$ _____ inches.
- 2) $3' 9'' =$ _____ inches.
- 3) $96'' =$ _____ feet.
- 4) $30'' =$ _____ feet _____ inches.
- 5) $1/4'' + 1/2'' =$ _____
- 6) $3/8'' + 1/16'' =$ _____
- 7) $1/2'' - 1/16'' =$ _____
- 8) The decimal equivalent of $3/4''$ is _____.
- 9) The fraction equivalent of .25 is _____.



On the tape measure above, locate the following measurements and mark them as shown in example "A."

- | | |
|----------------------|---------------|
| A) $3/4''$ (example) | D) $4 3/8''$ |
| B) $2 5/16''$ | E) $5 7/16''$ |
| C) $3 3/16''$ | F) $1 7/8''$ |