



NAPCO PRECAST LLC

EMPLOYMENT APPLICATION

NAPCO reaffirms its policy of providing Equal Employment Opportunity to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, ancestry, sexual orientation, handicap or disability, or Vietnam-era or special veteran status. This policy is established and administered in accordance with all applicable federal and state laws.

DATE OF APPLICATION:

PERSONAL

NAME (Last, First and Initial)			TELEPHONE	
			Home ()	
			Cellular ()	
SOCIAL SECURITY NUMBER		POSITION APPLYING FOR		Are you at least 18 years old?
				<input type="checkbox"/> YES <input type="checkbox"/> NO
PRESENT ADDRESS			CITY	STATE
				ZIP
Date you can start work?		SALARY DESIRED?		Will you work overtime if asked?
		\$		<input type="checkbox"/> YES <input type="checkbox"/> NO
Are there any hours, shifts or days of the week you can not work? <input type="checkbox"/> YES <input type="checkbox"/> NO		DRIVER'S LICENSE NUMBER		
		State _____ Expiration Date _____		
Have you ever applied or worked with our Company before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when? _____				
Do you have any friends or relatives working for our Company? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, state name(s) and relationship(s)				
Are you able to perform the essential functions of the job for which you are applying without reasonable accommodation?			If no, describe the functions that cannot be performed:	
<input type="checkbox"/> YES <input type="checkbox"/> NO				

WORK HISTORY

NAME OF EMPLOYER		TYPE OF BUSINESS		
Address: Street City State ZIP Code				
Telephone Number		Your Supervisor's Name:		Was termination: <input type="checkbox"/> Voluntary
				<input type="checkbox"/> Involuntary
Your position and duties:			Dates of Employment:	
			From _____ To _____	
Reason for leaving:			Ending Pay:	
NAME OF EMPLOYER		TYPE OF BUSINESS		
Address: Street City State ZIP Code				
Telephone Number		Your Supervisor's Name:		Was termination: <input type="checkbox"/> Voluntary
				<input type="checkbox"/> Involuntary
Your position and duties:			Dates of Employment:	
			From _____ To _____	
Reason for Leaving:			Ending Pay:	

W O R K H I S T O R Y	NAME OF EMPLOYER		TYPE OF BUSINESS		
	Address: Street _____		City _____	State _____ ZIP Code _____	
	Telephone Number _____		Your Supervisor's Name: _____	Was termination: <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary	
	Your position and duties: _____			Dates of Employment From _____ To _____	
	Reason for Leaving: _____			Ending Pay: _____	

E D U C A T I O N & E X P E R I E N C E	EDUCATION	Name of the School and Place	Degree or Diploma	Did you Graduate?
	Elementary	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
	High School	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
	College	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Vocational/ Business	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Do you speak, write or understand another language? If yes, which language(s): _____			
Please list the job-related qualifications, skills, certifications, training, experiences, etc. you feel qualify you for the position with our company for which you are applying. _____ _____				

B A C K G R O U N D	Have you ever, under your name or another name, been convicted of a felony or misdemeanor? <input type="checkbox"/> YES <input type="checkbox"/> NO
	Have you ever, under your name or another, been convicted of a crime which resulted in you being in prison and released from prison or paroled? If yes, explain each conviction fully including when, where and of what you were convicted and disposition of the case(s): <input type="checkbox"/> YES <input type="checkbox"/> NO _____

S I G N A T U R E	I CERTIFY THAT ALL OF THE INFORMATION PROVIDED BY ME ON THIS APPLICATION IS TRUE AND ACCURATE.	
	SIGNATURE: _____	DATE: _____
	PRINT NAME: _____	

OFFICE USE ONLY			
Date sent for Testing: _____	Results of Testing: _____	Initials: _____	
Safety Orientation Date: _____	Safety Orientation Completed?	<input type="checkbox"/> YES <input type="checkbox"/> NO	



CONDITIONAL OFFER OF EMPLOYMENT

If you are interviewed and selected we will make you a conditional offer of employment. A conditional offer means that we would like to offer you an opportunity to work with us subject to the following terms and conditions. This means that before you can start work you must first successfully complete the following steps of our pre-employment process:

The following requirements must be met:

- Evidence of eligibility to work in the U.S. which includes successful verification through E-Verify with the U.S. Social Security Administration.
- Pre- Employment Negative Drug Screen Results

The following criteria are used to evaluate potential Company Drivers:

- Favorable MVR report is preferred: *CDL records will be verified prior to hire for anyone applying for a CDL driving position. The information contained in the driving records will be used to determine suitability for employment. NAPCO reserves the right to disqualify any applicant for any driving position that has any major moving violations such as driving under the influence, hit and run, exceeding the speed limit by 15 mph or greater, or at-fault crashes within the past 36 months.*
- Negative Results for a Regulated DOT Drug Screen is required.

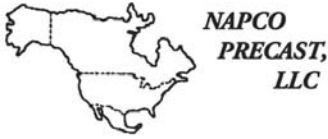
Please be aware that this offer does not constitute a guarantee or contract of employment. Accordingly, you or we may terminate the selection process at any time for any reason.

This offer is contingent upon a satisfactory outcome of the employment screening activities including employment eligibility verification, pre-employment drug screen and MVR check if applying for a CDL position which will include a Regulated DOT Drug Screen. If NAPCO determines through this screening that satisfactory results have not been obtained, or that your stated qualifications or credentials are not confirmed, this conditional offer of employment is void, and you will not be employed by NAPCO.

Your signature below indicates that you understand NAPCO's Pre-Employment screening process.

NAME/SIGNATURE

DATE



DRUG TEST CONSENT FORM

NOTICE AND AUTHORIZATION FOR JOB APPLICANT DRUG TESTING

As a matter of NAPCO's Drug and Alcohol Policy and to help ensure a safe work environment free of the use of illegal drugs that may impair your ability to perform the essential functions of the position, NAPCO screens job applicants for the presence of illegal drugs. Applicants refusing to take a pre-employment drug test will not be considered for employment at NAPCO. Furthermore, positive test findings will result in any offer of employment being withdrawn.

A positive test result will disqualify you from employment or consideration from employment with NAPCO for a period of twelve (12) months, from the date the notice of the positive result was received.

Submitting an altered urine sample will be treated as a positive test result.

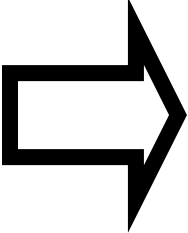
CONSENT AGREEMENT AND RELEASE OF LIABILITY

I have read, understand, agree, and consent to Drug Testing according to company policy as stated above.

I AUTHORIZE NAPCO, its physician(s), nurses, technicians or agents to collect a specimen(s) of my urine for chemical analysis.

I UNDERSTAND that decisions regarding my application for employment with NAPCO, will be made from the result of this test.

I CONSENT to this test for drugs and alcohol and authorize the attending physician and testing laboratory to provide test results to NAPCO. In consideration for your review of my application, I hereby release NAPCO, its affiliates, agents and employees from any liability resulting from employment decisions made from the results of this test.



NOTE: The cost of the pre employment drug test is \$25.00 and must be paid for up front and upon confirmation of negative drug test results **AND** after a full 40 hours of work you will be reimbursed the \$25.00. If your test comes back positive we **WILL NOT** reimburse the \$25.00 and we **WILL NOT** reimburse the cost of the drug test if you fail to show up for work as scheduled. Your signature below indicates you agree to pay this amount.

Applicant's Signature

Date

Social Security Number

Print Name