

Precise Fabrication

Application for Employment

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or disability.

*Incomplete applications will not be accepted.

Please print and use blue or black ink. **DO NOT** use pencil.

Date of application _____ Position applied for _____

Name _____ SSN _____
Last First Middle

Address _____
Street/Route/PO Box City State Zip Code

Telephone _____ Alternate telephone _____

Drivers license number _____ State of issue _____

Have you filed an application here before?

If yes, give date. _____

Yes _____ No _____

Have you ever been employed here before?

If yes, give date & department. _____

Yes _____ No _____

Are you employed now?

Yes _____ No _____

Date you are available for work. _____

Are you prevented from lawfully becoming employed
in this country because of VISA or Immigration Status?

(Proof of citizenship or immigration status may be required upon employment.)

Yes _____ No _____

Can you work overtime?

Yes _____ No _____

Are you available to work...

Full-time _____ Part-time _____ Temporary _____

Shift Preference...

1st _____ 2nd _____ 3rd _____

Are you on lay-off and subject to recall

Yes _____ No _____

Can you perform the essential functions of this job
with or without reasonable accommodations?

Yes _____ No _____

Do you have any relatives working at Precise Fabrication?

If yes, who? _____

Yes _____ No _____

Have you ever been convicted of a felony?

If yes, please explain.

Yes _____ No _____

EMPLOYMENT RECORD

Start with you present or last job. Include Military service assignments and volunteer activities. Exclude names of organizations, clubs, professional societies, or other associations of which the applicant is a member which by their name is character indicates the race, color, religion, sex age, national origin or presence of a disability of its membership. **Under "Specific Duties" describe clearly the tasks you performed and the nature of your supervisory, technical, or other responsibilities. PLEASE BE COMPLETE.** If you need more space, attach a separate sheet of paper.

Employment Information

Description of Duties

Employer/Kind of Business
Street Address
City, State, Zip
Immediate Supervisor/Title
From: _____ To: _____
Dates of Employment (Month, Year)

Position/Title
Specific Duties
Phone #
Reason for Leaving

Employer/Kind of Business
Street Address
City, State, Zip
Immediate Supervisor/Title
From: _____ To: _____
Dates of Employment (Month, Year)

Position/Title
Specific Duties
Phone #
Reason for Leaving

Employment/Kind of Business
Street Address
City, State, Zip
Immediate Supervisor/Title
From: _____ To: _____
Dates of Employment (Month, Year)

Position/Title
Specific Duties
Phone #
Reason for Leaving

Employment/Kind of Business
Street Address
City, State, Zip
Immediate Supervisor/Title
From: _____ To: _____
Dates of Employment (Month, Year)

Position/Title
Specific Duties
Phone #
Reason for Leaving

EMPLOYMENT RECORD

(continued)

Employment Information

Description of Duties

Employer/Kind of Business

Position/Title

Street Address

Specific Duties

City, State, Zip

Immediate Supervisor/Title

Phone #

From: _____ To: _____

Dates of Employment (Month, Year)

Reason for Leaving

Employer/Kind of Business

Position/Title

Street Address

Specific Duties

City, State, Zip

Immediate Supervisor/Title

Phone #

From: _____ To: _____

Dates of Employment (Month, Year)

Reason for Leaving

EDUCATION and TRAINING

School Name

Location

Years
Attended

Degree, Major,
Diploma or GED

High School _____

College _____

College _____

Military _____

Other _____

SUMMARY OF QUALIFICATIONS

Summarize your skills, abilities, achievements, and special interests, which relate to the position for which you are applying. (Examples: Typing WPM, Professional licenses, software knowledge, equipment knowledge, technical skills, and professional organization memberships.)

Personal References *(Not Former Employers or Relatives)*

1.

Name	Address	City	State	Zip Code
		(Day)	(Night)	
Relationship	Known how long	Phone numbers		

2.

Name	Address	City	State	Zip Code
		(Day)	(Night)	
Relationship	Known how long	Phone numbers		

3.

Name	Address	City	State	Zip Code
		(Day)	(Night)	
Relationship	Known how long	Phone numbers		

Authorization and Understanding

Upon the signing of the application, I represent that all of the information now or hereafter given by me in support of my application for employment is true and complete. I authorize you to verify any of the information concerning my employment and education with the appropriate individuals, companies, institutions or agencies and I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of such disclosure. I hereby release you and them from any liability whatsoever as a result of any such inquiries and disclosures. I agree that any false information in support of my application may subject me to discharge at any time during the period of my employment. If hired, I agree I will serve at the will of the firm and I agree that I shall be bound by the rules, policies, regulations and terms and conditions of employment of the firm as they are from time-to-time changed with or without notice to me. I agree that either party may terminate the employment relationship, with or without cause, at any time for any lawful reason.

Signature

Date