



PRECIMANUFACTURING INC.

APPLICATION FOR EMPLOYMENT

PM-5069

EOE

ISSUE 8

400 WEAVER STREET, WINOOSKI, VT 05404, PHONE: 802-655-2414

6/29/17

NAME: _____ DATE: ____/____/____
LAST NAME FIRST NAME MI MO/DAY/YR

ADDRESS: _____ PHONE: _____
STREET CITY STATE ZIP

HOW LONG HAVE YOU LIVED AT THE ABOVE ADDRESS? _____

U.S. CITIZEN? YES _____ NO _____ OTHER SPECIFY): _____

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THIS COUNTRY? YES NO

CAN YOU LIFT 30 POUNDS OF MATERIAL WITHOUT DIFFICULTY? YES _____ NO _____

POSITION(S) APPLIED FOR: _____ RATE OF PAY EXPECTED: _____

SHIFT PREFERRED: 1ST 2ND WKLY: _____ HRLY _____

DO YOU HAVE ANY WEIGHT RESTRICTION OR OTHER CONDITION THAT WOULD LIMIT YOUR FUNCTION ON THE JOB? YES _____ NO _____

WERE YOU PREVIOUSLY EMPLOYED BY US? _____ IF YES, WHEN? _____

IF YOUR APPLICATION IS CONSIDERED FAVORABLY, ON WHAT DATE WOULD YOU BE AVAILABLE FOR WORK?

LIST ANY FRIENDS WORKING FOR US? NAME: _____ REL _____
NAME: _____ REL _____

PERSON TO BE NOTIFIED IN CASE OF ACCIDENT OR EMERGENCY: NAME: _____
ADDRESS: _____ HOME PHONE _____
RELATIONSHIP: _____ WORK PHONE _____

BRANCH OF MILITARY SERVICE: _____ RANK: _____
MEMBER OF NATIONAL GUARD OR RESERVES? _____

PERSONAL REFERENCES (NOT FORMER EMPLOYEES OR RELATIVES)

NAME & OCCUPATION	ADDRESS	PHONE

RECORD OF EDUCATION

LEVEL	NAME OF SCHOOL	MAJOR	YEARS ATTENDED	DID YOU GRADUATE	DIPLOMA DEGREE
ELEMENTARY					
HIGH SCHOOL					
COLLEGE					
OTHER SPECIFY					

SKILLS AND QUALIFICATIONS:

_____ WORD _____ EXCEL _____ MS OFFICE _____ POWERPOINT _____ INTERNET

SUMMARIZE ANY SPECIAL TRAINING, SKILLS AND/OR CERTIFICATES: _____

EMPLOYMENT HISTORY-BEGINNING WITH MOST RECENT

NAME AND ADDRESS OF COMPANY & TYPE OF BUSINESS	FROM	TO	DESCRIBE IN DETAIL THE WORK YOU DID. (OR ATTACH RESUME)	WKLY SALARY	REASON FOR LEAVING	NAME OF SUPER

THE FACTS SET FORTH ABOVE IN MY APPLICATION FOR EMPLOYMENT ARE TRUE AND COMPLETE. I UNDERSTAND THAT IF EMPLOYED, FALSE STATEMENTS ON THIS APPLICATION SHALL BE CONSIDERED SUFFICIENT CAUSE FOR DISMISSAL, WHENEVER DISCOVERED.

_____ SIGNATURE OF APPLICANT _____ DATE: _____

DO NOT WRITE BELOW THIS LINE

INTERVIEW: YES: _____ NO: _____ DATE: _____ HOUR: _____

RESULT OF INTERVIEW: _____

ACCEPTABLE FOR EMPLOYMENT? _____ STARTING RATE: _____ STARTING DAY: _____

SHIFT: _____ OCCUPATION: _____ DEPT: _____ CLOCK# _____

INTERVIEWED BY: _____ EMPLOYED BY: _____