

Name: _____

Position Applying For: _____

PRECISION INDUSTRIES, INC.

222 Riggs Ave
P.O. Box 447
Portland, TN 37148
615.325.4127

**APPLICATION
FOR EMPLOYMENT**

Your application will not be considered unless all
areas have been completed.

Precisions Industries is an Equal Opportunity Employer

Thank you for your interest in applying for a position with Precision Industries, Inc. Please understand that acceptance of this application does not in any way create an obligation on our part to hire you to work for us. Also, please be aware that your signature on this document has certain legal consequences. We suggest that you read the "Conditions of Employment" at the end of this application before you proceed further so that you are fully aware of what we expect of applicants and employees. Then, answer all questions thoroughly and truthfully. We appreciate your interest in Precision Industries. We are an Equal Opportunity Employer.

Please Print Plainly.

DATE: _____

NAME: _____ SS#: _____

Present Address: _____

Home Phone: (____) _____ Work Phone: (____) _____

Emergency Contact #: _____ Name of Contact: _____

Can you submit proof of your legal right to work in the United States?

Yes: _____ No: _____

*Compliance with I-9 requirements is mandatory upon employment.

Referral Source: ___Job Service ___Advertisement ___Walk-In ___Friend
 ___Relative ___Employment Agency

EDUCATION

	Name & Location of School	Did you graduate?	Major/Minor
High School			
Trade/Business Correspondence			
College			
Graduate School			

If you did not graduate, please indicate the last grade completed: _____

GED obtained? _____ If yes, when: _____

MILITARY

U.S. MILITARY DUTY: Have you ever been on active duty? Yes _____ No _____

If yes, please state the branch & dates of service: _____

Experience Applicable: _____

EMPLOYMENT HISTORY

Please list your employment history for the past seven years starting with your most recent employment. (Please use additional sheet if necessary.)

Company: _____ Supervisor: _____
Street: _____ City: _____ St. _____ Zip: _____
Phone: _____ Position Held: _____
Dates of Employment _____ to _____ Current Pay Rate: _____
Reason for Leaving: Quit Discharged Layoff Retired Other

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Please list special skills, communication capabilities or experience which makes you suitable for this work: _____

GENERAL INFORMATION

Shift you prefer: 1st Shift 2nd Shift 3rd Shift
Can you work: Overtime Weekends Holidays
Do you want to work: Full-time Part-time Temporary

Salary expected: _____ Number of hours available per week: _____

Have you been previously employed by our company? Yes No
If yes, when: _____ to _____

Do you have any relatives who work for our company? Yes No
If yes, Who? _____ What relation to you: _____

Name other persons you know who work here: _____

Do you have a commercial drivers license? Yes No

Do you have a valid US drivers license? Yes No

CONDITIONS OF EMPLOYMENT

It is very important that you read this section carefully and understand it *before* you sign where appropriate.

1. I promise that all information supplied in this application is true and correct. I understand that any false information supplied would be grounds for immediate discharge
2. I understand that this company maintains a drug-free workplace. I also understand that I may be required to undergo employment testing, including but not limited to, drug screening and testing which is designed to ascertain my ability to meet job requirements.
3. I understand and agree if hired, my employment will be at will and can be terminated at any time without recourse. I also understand that if I'm hired, I must complete "90-day probationary period" during which the company will evaluate my performance and determine if they want me to continue working for them.
4. I authorize the company to use all legal means to assess my suitability for employment, including seeking employment references.
5. I understand and agree that work schedules and requirements vary and can be unpredictable, and that while the company will make reasonable efforts to accommodate work schedules and employee availability, I may be required to work overtime, weekends, different shifts, or other arrangements.
6. Upon separation of employment, I authorize the company to withhold from my final paycheck, any monies owed to them by me.
7. This application will remain active for one (1) year from the date it is submitted

Date: _____ Signature: _____

Professional References

1. Name: _____ Phone: _____
Address: _____
Working relationship: _____ Years Known: _____
2. Name: _____ Phone: _____
Address: _____
Working relationship: _____ Years Known: _____
3. Name: _____ Phone: _____
Address: _____
Working relationship: _____ Years Known: _____

PERSONNEL USE ONLY

Date interviewed: _____ Interviewed by: _____

Employment date: _____ Starting wage: _____ Dept: _____

Supervisor: _____ Comments: _____