

Phone: +1 (918) 782-2723

Website: www.precmfg.com

FAX: +1 (918) 782-2715

### **LEGAL NOTICES**

In accordance with the Americans with Disabilities Act and/or applicable state and local laws, applicants requiring reasonable accommodations for the application and/or interview process should notify the hiring manager. Examples of "reasonable accommodations" include making a change to the application process; providing written materials in an alternate format such as large print, or audio recording; using a sign language interpreter; or use of special equipment.

This organization practices Equal Employment Opportunity and Equal Treatment of Clients. We do not discriminate on the basis of race, color, religion, sex (including pregnancy), age, disability or national origin in the hiring, retention, or promotion of employees; nor in determining their rank, or the compensation or benefits paid them. Further, we do not discriminate in services or accommodations offered or provided to our employees, clients, or guests.

1. APPLICANT CONTACT INFORMATION	
Name (Last, First):	Date of Application (DD-MM-YYYY):
Address:	City, State & ZIP®:
Telephone Number:	Email Address:
May we contact you at work? ONO OYes	If Yes, please provide work telephone number:
Are you under 18 years old? ONO OYes	If Yes, until date (DD-MM-YYYY):
2. APPLICATION HISTORY	
Have you applied here before?	Yes If Yes, when (approximate if necessary)?
Have you ever been employed here? ONo	Yes If Yes, when (approximate if necessary)?
Are you reapplying following an extended military lea	eve of absence? ONo OYes
3. ELIGIBILITY	
Are you lawfully eligible for employment in this count	try? ONo OYes
Are you willing to undergo a criminal background che	ck? ONo OYes
Have a valid driver's license (if driving is necessary for	r the job)? ONo OYes Number & issuing state:
Have you entered into any agreement with a former of that may restrict your ability to work for our company	employer or other party (such as a non-competition or non-disclosure agreement)  y? ONo OYes
4. GENERAL INFORMATION	
What position(s) are you applying for?  OAny Ava	ilable O
Type of employment is desired? OFull-Time OPa	rt-Time OEducational Co-Op OSeasonal OTemporary
What date can you be available to begin work (DD-M	M-YYYY):
What is your desired salary range or rate of pay? \$	OWeekly OHourly OAnnually

Are you prepared to work overtime if the production	schedule	should require it?	ONo	<b>O</b> Yes
If they've been explained, are you prepared to meet a	any atteno	dance requirements?	ONo	○Yes
Will you travel if the applied for job requires it?		OYes		
Will you relocate if the applied for job requires it?	ONo	○Yes		
Are you physically able to perform the "essential fund accommodation)? ONO OYes O Prefer not to a	answer he	ere or require more infor	mation al	pout the job's "essential functions."
⚠ The above question is not intended to elicit specific i about the existence of any disability, particular accommon time to the extent permitted by law.				
Have you ever been bonded? ONO OYes				
Have you ever pleaded "guilty" or "nolo contendere/	no contes	t" to or otherwise been o	convicted	of a crime? ONo OYes
If Yes, please provide date(s) and summary:				
	ed to disclo	ose any convictions that hav	ve been se	aled.
6. EMPLOYMENT HISTORY Starting with your most recent employer, please prov	ide the fo	allowing information:		
		-		
Employer:	City, State	9:		Telephone:
Immediate supervisor's name and title:				
			May v	we contact for a reference? ONo OYes
Rate of Pay (Starting): \$	e of Pay (Fi	inal) \$	May	we contact for a reference? ONo OYes OWeekly OHourly OAnnually
Rate of Pay (Starting): \$ Rate Earned commissions, bonuses, etc.? ONo OYes	e of Pay (Fi	inal) \$	May v	
Earned commissions, bonuses, etc.? ONo OYes	e of Pay (Fi		May	
Earned commissions, bonuses, etc.? ONo OYes			May	

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Employer:	City, State:	Telephone:			
Immediate supervisor's name and title:	N	lay we contact for a reference? ONo OYes			
Rate of Pay (Starting): \$	Rate of Pay (Final) \$	OWeekly OHourly OAnnually			
Earned commissions, bonuses, etc.? ONo	Yes				
Employed from (Month/Year):	to (Month/Year):				
Summary of your duties and responsibilites:					
Reason for leaving?					
Employer:	City, State:	Telephone:			
Immediate supervisor's name and title:	N	No OYes			
Rate of Pay (Starting): \$	Rate of Pay (Final) \$	OWeekly OHourly OAnnually			
Earned commissions, bonuses, etc.? ONo	Yes				
Employed from (Month/Year):	to (Month/Year):				
Summary of your duties and responsibilites:					
Reason for leaving?					
Employer:	City, State:	Telephone:			
Immediate supervisor's name and title:	N	lay we contact for a reference? ONo OYes			
Rate of Pay (Starting): \$	Rate of Pay (Final) \$	OWeekly OHourly OAnnually			
Earned commissions, bonuses, etc.? ONo	Yes				
Employed from (Month/Year):	to (Month/Year):				
Summary of your duties and responsibilites:					
Reason for leaving?					
7. REFERENCES					
Name:	Relation to Applicant:	Telephone:			
	Relation to Applicant:	Telephone:			
Name:					
Name:	Relation to Applicant:	Telephone:			

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