



CNC Turning Specialists

# PRECISIONMATICS, INC.

## APPLICATION FOR EMPLOYMENT

We appreciate your interest in our organization. To be considered for employment, this *Employment Application* must be completed and signed personally by the applicant. Applicants requiring a reasonable accommodation to participate in the application and/or interviewing process should notify an organization representative. Each question must be answered in full, even if a resume is provided. If an answer is NO or NOT APPLICABLE, indicate such. We are an **Equal Opportunity Employer**. We consider all applicants for all positions without regard to race, religion, creed, color, sex, age, national origin, disability, sexual orientation, gender identity or expression, transgender status, gender dysphoria, marital or family status, pregnancy, military/veteran status, genetic information including predisposing genetic characteristics or carrier status, arrest or conviction record, domestic violence victim status, or any other protected class or status, in accordance with applicable federal, state, and local regulations.

BIOGRAPHICAL DATA	Print Name (First, Middle, Last)		Telephone Number (    )					
	E-mail		Cell Phone Number (    )					
	Street Address		City	State	Zip Code			
	Position Applied For		Salary or Hourly Wage Desired \$					
	Please indicate the days you are available to work:							
	Sunday		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	Are you Available to Work (check all that apply)		<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Temporary	<input type="checkbox"/> Shift Work		Date Available to Begin Work
			<input type="checkbox"/> Day	<input type="checkbox"/> Evening	<input type="checkbox"/> Nights			
	Are you 18 years of age or older?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact your employer to obtain employment information?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever submitted an application and/or interviewed for employment with our organization? If yes, give dates and position: _____						<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been employed with our organization before? If yes, give dates. From ____/____/____ to ____/____/____						<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you legally eligible for employment in the United States? <i>Employment eligibility will be verified upon employment.</i>						<input type="checkbox"/> Yes <input type="checkbox"/> No		
If you have had an opportunity to review a job description for the position for which you are applying, can you perform the essential functions of this job with or without reasonable accommodation? (check N/A if you have not reviewed a job description)						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
EDUCATIONAL BACKGROUND	Type of School Attended	Name and Location of School		Course of Study/Major	Years Completed	Diploma or Degree Earned		
	High School					<input type="checkbox"/> Diploma <input type="checkbox"/> GED		
	College/ University					<input type="checkbox"/> Associate <input type="checkbox"/> Bachelor		
	Graduate School					<input type="checkbox"/> Master <input type="checkbox"/> Doctoral		
	Trade School					<input type="checkbox"/> Certificate		
SKILLS	List any additional skills, training, and/or technical/professional knowledge that is relevant to the job for which you are applying:			List any certificates, licenses, or professional achievements that would support your qualifications for employment:				
	Drivers' License Identification Number: <b>(Provide your driver's license ID number ONLY if it is a requirement of the position for which you are applying)</b>			State of Issuance:				

**EMPLOYMENT HISTORY** Provide employment information, including military service starting with the most recent employer first. If you've held more than three jobs, provide this information on another sheet and attach to this Application Form.

Name of Employer	Supervisor	May we contact?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Address		Phone Number
Job Title	Dates Employed (Month/Year)	
	From	To
Description of Duties, Responsibilities and Significant Accomplishments		
Reason for Leaving		

Name of Employer	Supervisor	May we contact?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Address		Phone Number
Job Title	Dates Employed (Month/Year)	
	From	To
Description of Duties, Responsibilities and Significant Accomplishments		
Reason for Leaving		

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		<input type="checkbox"/> Yes <input type="checkbox"/> No
Address		Phone Number
Job Title	Dates Employed (Month/Year)	
	From	To
Description of Duties, Responsibilities and Significant Accomplishments		
Reason for Leaving		

**REFERENCES (List three references other than relatives)**

Name	Relationship	Phone Number or Email

**CONVICTION RECORD STATUS**

All applicants and employees must, as a condition of employment, inform the organization of all convictions. This includes all convictions received within the past seven years, while your application for employment is pending, and within seven days of receiving a conviction if currently employed.

Have you been convicted of, and/or plead guilty to, a felony or misdemeanor in the past seven years?  Yes  No

Do you have any currently pending arrests or accusations against you at this time?  Yes  No

If you answered 'yes' and have been convicted of a felony or misdemeanor, please provide additional information below, such as the crime(s), date(s), court location, sentencing information, disposition of sentence, and rehabilitation completed. Only job-related convictions will be considered and will not automatically disqualify an applicant. Employment decisions based on a conviction take into consideration many factors, including but not limited to, age and date of conviction, the extent to which the offense relates to the functions of the particular job, the seriousness of the offense, rehabilitation, etc. The organization reserves the right to reject individuals for employment based on job-related convictions.

Date of Offense	County and State in which Offense Occurred	Conviction/Explanation	Rehabilitation Completed

**PLEASE READ CAREFULLY AND SIGN BELOW**

I hereby certify that all of the information I have provided on this Employment Application is true and correct to the best of my knowledge. I understand that any falsification or omission of facts will disqualify me from further consideration of employment, withdrawal of any offer of employment, or, termination of employment, if already hired.

I authorize verification of all of the information I have provided on this Employment Application and understand that additional information may be needed to consider my application for employment. I authorize all previous employers, educational institutions, references, and other persons who have knowledge of me or my records to provide any and all information pertinent to my employment and release the same from any liability resulting from providing such information. I also release this organization and all of its employees from all liability for any damage that may result from reliance on the information furnished.

The organization is committed to providing a drug and alcohol-free workplace. After receiving a conditional offer of employment, I understand that a drug test will be required before starting work. If the results of the test are positive, I understand that the offer of employment will be withdrawn.

I understand that if employed, I am required to abide by all policies, procedures, rules, and regulations of the organization. I also understand and agree that, if hired, my employment is "at-will" and is for no definite period and may, regardless of the date of payment of my wages or salary, be terminated by myself or the organization at any time with or without cause or notice.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_



## Employment Application Self-Identification Form

The following information is being requested for Government reporting purposes and to measure our good faith outreach efforts. The information that you supply will not be used in our selection decision. Your submission of this information is optional. Failure to provide the information will not be used against you.

Name \_\_\_\_\_ Date \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Search Number \_\_\_\_\_

Referred by: \_\_\_\_\_

### Gender

- Female  
 Male

### Race

- Hispanic or Latino  
 White  
 Black or African American  
 Asian  
 Native Hawaiian/Pacific Islander  
 American Indian or Alaska Native  
 Two or More Race (Not Hispanic or Latino)  
 I choose not to provide this information.

### Veteran Status

If you believe you belong to any of the categories of protected veterans listed below, please indicate by checking the appropriate box. As a Government Contractor, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake.

- I identify as one or more of the classifications of protected veteran listed below.  
 I am not a Protected Veteran  
 I choose not to provide this information.

#### Definitions:

**Qualified Disabled Veteran** – a veteran of the US military, ground, naval or air service who is entitled to compensation under laws administered by the Secretary of Veteran Affairs, or a person who was discharged or released from active duty because of a service related disability.

**Recently Separated Veteran** – any Veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.

**Active Duty Wartime or Campaign Badge Veterans** - a veteran who served on active duty in the US military, ground, naval or air service during a war or in a campaign badge has been authorized, under the laws administered by the Department of Defense.

**Armed Forces Service Medal** – any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

**Veteran of the Vietnam Era** – person who served on active duty for a period of more than 180 days, and was discharged or released there from with other than dishonorable discharge, if any part of such active duty occurred in the Republic of Vietnam between 2/28/61, and 5/7/75, or between 8/5/64 and 5/7/75 in all other cases.

#### Definitions:

**Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

**White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.

**Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**American Indian or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

**Two or More Races (Not Hispanic or Latino)** - All persons who identify with more than one of the above five races.

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
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### Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

### How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date