



PRECISION GRINDING INDUSTRIES

APPLICATION FOR EMPLOYMENT

Our company ("Company") fully subscribes to the principles of Equal Employment Opportunity. It is our policy to provide employment, compensation, and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status, genetic information, disability, or any other basis prohibited by federal, state or local law. In accordance with requirements of the Americans with Disabilities Act and applicable federal, state, and/or local laws, it is our policy to provide reasonable accommodation upon request during the application process to applicants so that they may be given a full and fair opportunity to be considered for employment. As an Equal Opportunity Employer, we intend to comply fully with applicable federal, state, and/or local employment laws, and the information requested on this application will only be used for purposes consistent with those laws.

Please carefully read and answer all questions. You will not be considered for employment if you fail to completely answer all the questions on this application. You may attach a résumé, but all questions must be answered.

APPLICANT INFORMATION			
LAST NAME	FIRST NAME & MIDDLE INITIAL	SSN	DATE OF BIRTH
MAILING ADDRESS			
PHONE 1	PHONE 2	EMAIL ADDRESS	
Are you 18 or older? Y or N		Are you a U.S. citizen? Y or N	
Military service? Y or N		If yes, which branch?	
Convicted of a felony? Y or N		If Convicted of a felony, explain below	

POSITION AVAILABLE			
What position are you applying for?			
How did you learn of the position available?			
EMPLOYMENT TYPE DESIRED	CIRCLE ONE	HOURLY RATE DESIRED	AVAILABLE START DATE
	Full Time / Part Time / Temp		

EDUCATION			
SCHOOL NAME	LOCATION	YEARS ATTENDED	MAJOR SUBJECTS
OTHER / APPLICABLE TRAINING			
APPLICABLE SKILLS / PROFICIENCIES			

REFERENCES			
NAME	COMPANY & POSITION	RELATIONSHIP	PHONE

EMPLOYMENT HISTORY				
1.	EMPLOYER NAME	POSITION HELD	START DATE	END DATE
	MAILING ADDRESS			
	SUPERVISOR NAME	PHONE	EMAIL ADDRESS	
	STARTING RATE OF PAY	ENDING RATE OF PAY	MAY WE CONTACT? Y or N	REASON FOR LEAVING
2.	EMPLOYER NAME	POSITION HELD	START DATE	END DATE
	MAILING ADDRESS			
	SUPERVISOR NAME	PHONE	EMAIL ADDRESS	
	STARTING RATE OF PAY	ENDING RATE OF PAY	MAY WE CONTACT? Y or N	REASON FOR LEAVING

3.	EMPLOYER NAME	POSITION HELD	START DATE	END DATE
MAILING ADDRESS				
	SUPERVISOR NAME	PHONE	EMAIL ADDRESS	
	STARTING RATE OF PAY	ENDING RATE OF PAY	MAY WE CONTACT? Y or N	REASON FOR LEAVING
4.	EMPLOYER NAME	POSITION HELD	START DATE	END DATE
MAILING ADDRESS				
	SUPERVISOR NAME	PHONE	EMAIL ADDRESS	
	STARTING RATE OF PAY	ENDING RATE OF PAY	MAY WE CONTACT? Y or N	REASON FOR LEAVING

DISCLAIMER / AUTHORIZATION / LEGAL STATEMENT

I certify that the answers given herein and during the entire application process (including but not limited to information provided in resumes, attachments to this application, interviews or otherwise (if applicable)) are true and complete to the best of my knowledge.

I understand that any misrepresentations, omissions of facts or incomplete answers during the application process may disqualify me from further consideration for employment. I further understand that, if employed, any misrepresentations or omissions of facts during the application process may be cause for my dismissal at any time without prior notice.

I consent to and authorize the Company to contact my former employers, references, and any and all other persons and organizations for information bearing upon my qualifications for employment. I further authorize the listed employers, schools and personal references to give the Company or ADP TotalSource(without further notice to me) any and all information about my previous employment and education, along with any other pertinent information they may have and hereby waive any actions which I may have against either party(ies) for providing a good faith reference.

I EXPRESSLY AGREE AND UNDERSTAND THAT, IF EMPLOYED, MY EMPLOYMENT IS NOT FOR A SPECIFIC TERM, IS BASED ON MUTUAL CONSENT AND MAY BE TERMINATED BY ME OR THE COMPANY WITH OR WITHOUT NOTICE OR CAUSE AT ANY TIME. I FURTHER UNDERSTAND THAT NO ORAL PROMISE, EMPLOYER POLICY, CUSTOM, BUSINESS PRACTICE OR OTHER PROCEDURE (INCLUDING THE BASIC EMPLOYMENT POLICIES, PERSONNEL HANDBOOK OR ANY PERSONNEL MANUALS) CONSTITUTES AN EMPLOYMENT CONTRACT OR MODIFICATION OF THE AT-WILL EMPLOYMENT RELATIONSHIP BETWEEN ME AND THE COMPANY. I ALSO UNDERSTAND THAT MY AT-WILL EMPLOYMENT STATUS WITH THE COMPANY MAY ONLY BE ALTERED IN AN INDIVIDUAL CASE OR GENERALLY IN A WRITING SIGNED BY THE OWNER, PRESIDENT OR CEO OF THE COMPANY.

SIGNATURE

PRINTED NAME	SIGNATURE	DATE