



Please note that offers of employment at Preco are made contingent upon the favorable results of a company paid physical exam and drug test.

Effective 11/18/93
Smoke Free Workplace

Application for Employment

Equal Opportunity Employer

Personal Information

Date: _____

Name:

Last First Middle

Address:

Street City State Zip

Phone Number:

Email Address:

Are you 18 years of age or older? Yes No

If applying for a position requiring driving, do you have a valid driver's license? Yes No

Are you currently employed? Yes No If so, may we inquire of your present employer? Yes No

How were you referred to Preco? _____ Ever apply to this company before? Yes No When? _____

Have you ever been convicted of a felony?
(Conviction will not necessarily disqualify an applicant from employment.)

Employment Desired

Shift Preference: 1st Shift 2nd Shift 3rd Shift Weekend

Type: Full-Time Part-Time Temporary

Position Applying For:

Date You Can Start:

Salary Desired:

Educational Background

	Name & Location of School	Years Attended	Did You Graduate?	Subjects Studied
Grammar School				
High School				
College				
Trade, Correspondence, or Business School				

General

Subjects of special study or research work:

U.S. Military or Naval Service:

Rank:

Present Membership in Nation Guard or Reserves Yes No

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital status, medical condition or disability, or any other legally protected status.

Continue on Other Side



Former Employers (List below last four employers, starting with the most recent)

Employer:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Dates Employed		Work Performed
Phone Number:		From	To	
Address:				
		Pay Rate		
Job Title:		Starting	Final	
Supervisor:				
Reason for Leaving:				

Employer:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Dates Employed		Work Performed
Phone Number:		From	To	
Address:				
		Pay Rate		
Job Title:		Starting	Final	
Supervisor:				
Reason for Leaving:				

Employer:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Dates Employed		Work Performed
Phone Number:		From	To	
Address:				
		Pay Rate		
Job Title:		Starting	Final	
Supervisor:				
Reason for Leaving:				

Employer:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Dates Employed		Work Performed
Phone Number:		From	To	
Address:				
		Pay Rate		
Job Title:		Starting	Final	
Supervisor:				
Reason for Leaving:				

References (Give the name of three persons not related to you, whom you have known at least one year.)

Name	Address	Business	Phone Number	Years Acquainted
1.				
2.				
3.				

"I certify the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice."

Signature:	Date:
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