

# EMPLOYMENT APPLICATION

145 Middlefield Court • Brentwood • CA • 94513-4023  
 Phone (925) 634-5552 • Fax (925) 634-7460 • License #470191  
[www.precisioncabinets.com](http://www.precisioncabinets.com) • Equal Opportunity Employer  
 Pursuant to State Law: We have an Employment-At-Will Agreement in California

**A PRE-EMPLOYMENT DRUG TEST IS REQUIRED**

- Please complete ALL sections as thoroughly as possible, even if you are attaching a resume. It is necessary to provide complete information, as this will be used to determine eligibility.

**PERSONAL INFORMATION**

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Are you 18 years of age or Older?  Yes  No Email: \_\_\_\_\_

ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES?  Yes  No

**POSITION INFORMATION** (Please Mark the Box That You Are Most Interested In?)

Position applying for:  Office: \_\_\_\_\_  Manufacturing: \_\_\_\_\_  
 Field: \_\_\_\_\_  Other: \_\_\_\_\_

On what date would you be available to start work: \_\_\_\_\_

Are you currently employed?  Yes  No Date of last employment: \_\_\_\_\_

Have you applied to this company before?  Yes  No If YES, When? \_\_\_\_\_

Have you worked for this company before?  Yes  No When? \_\_\_\_\_ Supervisor? \_\_\_\_\_

If YES, reason for leaving: \_\_\_\_\_

How did you hear about us?  Newspaper  Truck  Sign  Internet  Agency  Walk-in

Friend: \_\_\_\_\_  Family: \_\_\_\_\_  Other: \_\_\_\_\_

**EDUCATION**

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	YEAR COMPLETED	DIPLOMA/ DEGREE LEVEL
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

## WORK HISTORY

- Beginning with your most recent experience, describe your work history. In the area for "Duties and Skills" describe the major duties and skills acquired/used.

Name of Current or Last Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Job Title: \_\_\_\_\_

Job Start Date: \_\_\_\_\_ Job End Date: \_\_\_\_\_

Describe your duties: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Name of Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Job Title: \_\_\_\_\_

Job Start Date: \_\_\_\_\_ Job End Date: \_\_\_\_\_

Describe your duties: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Name of Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Job Title: \_\_\_\_\_

Job Start Date: \_\_\_\_\_ Job End Date: \_\_\_\_\_

Describe your duties: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

**PERSONAL REFERENCE**

- Reference checks will be conducted to assess your past work performance.
- In addition to the references identified in the "Work History" section, please provide additional references in the spaces below.

Name	Telephone Number	Relationship	No. of Years Known

CAN YOU PERFORM THE PHYSICAL DUTIES OF THE JOB YOU ARE APPLYING FOR?  Yes  No

If NO, what can be done to accommodate your limitations?

\_\_\_\_\_

HAVE YOU EVER SERVED IN THE MILITARY?  Yes  No

Branch of Service: \_\_\_\_\_

Rank: \_\_\_\_\_

Entry Date: \_\_\_\_\_

Discharge Date: \_\_\_\_\_

ARE YOU A MEMBER OF THE NATIONAL GUARD?  Yes  No

IN THE LAST 10 YEARS:

HAVE YOU BEEN CONVICTED OF A CRIME?  Yes  No

ARE YOU CURRENTLY ON PROBATION OR PAROLE?  Yes  No

If YES, when, where and what was the outcome of the case?

\_\_\_\_\_  
\_\_\_\_\_

**EQUAL EMPLOYMENT OPPORTUNITY POLICY**

It is the policy of this employer that applicants for employment are recruited, selected and hired on the basis of individual merit and ability with respect to positions being filled. Applicants are to be recruited, selected and hired without regard to race, religion, sex, age, national origin, color, marital status, pregnancy, handicap, disability or veteran status or any other classification protected by the applicable state or federal employment discrimination laws.

**AUTHORIZATION**

"I CERTIFY THAT 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 REFERNCES AND EMPLOYERS 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 THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THIS COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY ANY AUTHORIZED COMPANY REPRESENTATIVE."

DID SOMEONE HELP YOU COMPLETE THIS APPLICATION?  YES  NO

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE