

APPLICANT TO COMPLETE ALL INFORMATION REQUESTED PLEASE PRINT

APPLICANT TO CO	OMPLETE ALL INFORMAT PLEASE PRINT	HR Use Only Requisition No Applicant No			
laws, qualified applic to race, color, religion	Federal and State equal emporants are considered for all plan, sex, national origin, age, ed disability, or any other pr				
			Date:		
Name:					
	First	Middle	Last		
Present Address:					
	No.	Street	City	Zip	
Previous Address:					
	No.	Street	City	Zip	
Telephone No.: _(
Do you have a legal ri	ght to be employed in the Unite	ed States? 🔲 Yes (proof require	ed at time of employme	ent) 🗖 No	
Are you over the age	of 18? 🔲 Yes 🔲 No				
	COMF	PANY EXPERIENCE			
Have you previously	worked for MASS Precision?	☐ No ☐ Yes (If yes) Fr	om: To	o:	
			Month/Year	Month/Year	
Position:			<u> </u>		
Reason for Leaving:					
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401-FM-015

If not, when was your last day employed?

☐ Full Time ☐ Part Time

GENERAL

Who referred you?

Are you currently employed?

Position applying for

☐ Temporary ☐ Seasonal



EDUCATIONAL BACKGROUND

Type of School	Name and City	Did you Graduate?	Course or Major
College			
Technical School			
High School			
Other			

LIST ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH MOST RECENT

1	COMPANY NAME	DATES WORKED		POSITIONS HELD
		FROM	то	
	ADDRESS, CITY, STATE, ZIP	DUTIES/R	ESPONSIE	BILITIES
	TYPE OF BUSINESS & PHONE NO.			
	NAME OF SUPERVISOR	REASON FOR LEAV		ING

2	COMPANY NAME	DATES WORKED		DATES WORKED		POSITIONS HELD
		FROM	то			
	ADDRESS, CITY, STATE, ZIP	DUTIES/F	RESPONSIE	BILITIES		
	TYPE OF BUSINESS & PHONE NO.					
	NAME OF SUPERVISOR	REASON FOR LEAV		ING		



3	COMPANY NAME			DATES WORKED		POSITIONS HELD		
				FROM	то			
	ADDRESS, CITY, STATE, ZIP			DUTIES/	RESPONSIE	BILITIES		
	TYPE OF BUSINESS & PHONE NO.							
	NAME OF SUPERVISOR			REASON FOR LEAVING				
			WORK REF	EREN	NCES			
NAME		YEARS KNOWN	RELATIONSHIP AND TITLE					
COI	MPANY							
wo	RK ADDRESS	CITY	STATE	НС	OME PHONE		WORK PHONE	
NAI	ме		YEARS	RE	ELATIONSHI	P AND TITLE		
			KNOWN					
COI	MPANY							
wo	RK ADDRESS	CITY	STATE	нс	OME PHONE		WORK PHONE	
NAI	ME		YEARS	RE	LATIONSHI	P AND TITLE		
			KNOWN					
COI	MPANY							
wo	RK ADDRESS	CITY	STATE	нс	ME PHONE		WORK PHONE	



APPLICANT MUST READ AND SIGN

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

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Applicant Signature	Date	