

EMPLOYMENT APPLICATION CALIFORNIA

PLEASE PRINT

PERSONAL INFORMATION	Last Name		First		Middle Initial	Today's Date	
	Present Street Address <i>(do not list PO Box)</i>		City	State	County	Zip Code	Telephone Number ()
	Email Address				Mobile Number ()		
	Position Applying For				Are you legally authorized to work in the USA? <i>(circle one)</i> Yes No		
	Desired Status <i>(Circle all that apply)</i>	Desired Shift <i>(Circle all that apply)</i>	Available Start Date		Are you at least 18 years of age? <i>(circle one)</i> Yes No		
	Full Time	1 st Shift			What is your desired salary? _____		
	Part Time	2 nd Shift					
Temporary	Any						
How did you hear about our company? <i>(circle what is applicable and specify)</i>							
Agency _____			School (please specify) _____				
Internet Site (please specify) _____			Precision One Medical Employee _____				
Other (please specify) _____							

EMPLOYMENT HISTORY

Please list the names of your present or previous employers in chronological order with present or most recent employer listed first. Be sure to account for all periods of time. If self-employed, give firm name and supply business references. Add additional page if necessary.

1	Employer	Dates of Employment				
		From		To		
Address		Your responsibilities				
Job Title						
Name of Supervisor		Reason for leaving				
Title of Supervisor		May we contact this employer? <i>(circle one)</i> Yes No			Telephone Number ()	
2	Employer	Dates of Employment				
		From		To		
Address		Your responsibilities				
Job Title						
Name of Supervisor		Reason for leaving				
Title of Supervisor		May we contact this employer? <i>(circle one)</i> Yes No			Telephone Number ()	
3	Employer	Dates of Employment				
		From		To		
Address		Your responsibilities				
Job Title						
Name of Supervisor		Reason for leaving				
Title of Supervisor		May we contact this employer? <i>(circle one)</i> Yes No			Telephone Number ()	

Please explain gaps in employment history _____

EDUCATION		Name and Address of School	Number of Years Completed	Major or Type of Coursework	Degree/Certificate	Did You Graduate?
	High School					
	Business/Technical					
	College/University					
	Graduate/Professional					
Other (Seminars, Adult Education, Certification Courses)						

Why are you seeking employment now?

In what areas of dental/medical device production are you proficient?

What other experiences or skills do you feel may qualify you for a position with Precision Medical One?

Have you previously been employed by Precision One Medical? (circle one) Yes No

Position(s) held _____ Under what name? _____

From _____ To _____ Reason for Leaving _____

Are you subject to any employment agreement that could impact your ability to work for P1? (circle one) Yes No

If yes, please explain: _____

REFERENCES (persons familiar with your work or academic background) Please list two, excluding former supervisors.

NAME	POSITION AND COMPANY	EMAIL ADDRESS	TELEPHONE NUMBER
			()
			()

Applicant Statement and Agreement

Precision One Medical is an Equal Employment Opportunity employer that complies with the laws and regulations set forth in the EEO is The Law Poster and EEO is the Law Poster Supplement. Precision One Medical does not discriminate against applicants or employees on the basis of race, color, religion, creed, national origin, ancestry, disability, gender, age, gender identity, results of genetic testing, marital status, sexual orientation, or service in the military.

I certify that I have read and understand the applicant instructions included with this application and that the answers given by me to the foregoing questions and statements made by me are complete and true to the best of my knowledge and belief.

I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejection of my application or discharge at any time during my employment.

I understand that if selected for hire (temporary, consultants, interns, rehires), I will be required to submit to mandatory pre-employment testing which includes a drug test and background check. Refusal to submit to either will result in ineligibility for employment. An offer of employment is contingent upon the satisfactory results of a drug test and background check.

I understand that this application form is intended for use in evaluating my qualifications for employment and that this application is not an offer of employment. I further understand that if hired, my employment will be considered "at-will" and that my employment may be terminated for any reason, with or without cause or notice, at any time by me or the Company and that this application is not intended to constitute a contract of continued employment.

MY SIGNATURE BELOW ATTESTS TO THE FACT THAT I HAVE READ, UNDERSTAND, AND AGREE TO ALL OF THE ABOVE TERMS.

Signature: _____ Date: _____