

EMPLOYMENT APPLICATION

145 Middlefield Court • Brentwood • CA • 94513 Phone (925) 634-5552 • Fax (925) 634-5685 • License #470191 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: | N | liddle: | | | | |
| Present Address: | | | | | | | |
| City: | State: | Zij | p: | | | | |
| Home Phone: | Cell | Phone: | | | | | |
| Are you 18 years of age or Ol | lder? | 1: | | | | | |
| ARE YOU ELIGIBLE TO W | ORK IN THE UNITED STATES? | □Yes □No | | | | | |
| POSITION INFORMATION (Please Mark the Box That You Are Most Interested In?) | | | | | | | |
| Manufacturing Plant | | elivery Installation | | C | | | |
| On what date would you be available to start work: | | | | | | | |
| Are you currently employed? Yes No Date of last employment: Yes No Date of last employment: | | | | | | | |
| Have you applied to this company before? | | | | | | | |
| If YES , reason for leaving: | | | | | | | |
| How did you hear about us? | | gency Walk-in | | | | | |
| How did you hear about us? | | | | | | | |
| | | | | | | | |
| EDUCATION | | | | | | | |
| SCHOOL LEVEL N | NAME AND LOCATION OF SCHOO | L 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: | | | | | |
| | | | | | |
| Name of Previous Employer: | | | | | |
| Address: | | City: | State: | ZIP: | |
| Phone: | | Job Title: | | | |
| Job Start Date: | Job End Date: | | <u> </u> | | |
| 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: | | | | | |
| | | | | | |
| Passon for leaving: | | | | | |
| Reason for leaving: | | | | | |
| Name of Supervisor: | | 11tie: | | | |

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 Nu | mber | Relationship | No. of Years Kno |
|---------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------|---------------------|----------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| CAN YOU PERFORM THE PHYSIC | CAL DUTIES OF THE | EJOB YOU A | ARE APPLYING FOR? | □Yes □No |
| If NO , what can be done to accommod | | | | |
| | | | | |
| HAVE YOU EVER SERVED IN THI | E MII ITARY? | □Yes | □No | |
| Branch of Service: | | | | |
| Entry Date: | | | Date: | |
| ARE YOU A MEMBER OF THE NA | TIONAL GUARD? | □Yes | □No | |
| IN THE LAST 10 YEARS: | | | | |
| HAVE YOU BEEN CONVICTED OF | | ☐Yes | □No | |
| ARE YOU CURRENTLY ON PROB | ATION OR PAROLE | ! I les | □No | |
| If YES, when, where and what was the | e outcome of the case? | ? | | |
| | | | | |
| | | | | |
| EQUAL EMPLOYMENT OPPO | ORTUNITY POLIC | CY | | |
| It is the policy of this employer that applicants | | | | |
| positions being filled. Applicants are to be repregnancy, handicap, disability or veteran status | | | | |
| AUTHORIZATION | | | | |
| "I CERTIFY THAT THE FACTS CONTAINE | | | | |
| UNDERSTAND THAT, IF EMPLOYED, FAL I AUTHORIZE INVESTIGATION OF ALL ST | | | | |
| GIVE YOU ANY AND ALL INFORMATIO MAY HAVE, PERSONAL OR OTHERWISE FROM UTILIZATION OF SUCH INFORMAT | N CONCERNING MY PE AND RELEASE THE COM | REVIOUS EMP | LOYMENT AND ANY PER | TINENT INFORMATION T |
| I ALSO UNDERSTAND AND AGREE THA AGREEMENT FOR EMPLOYMENT FOR FOREGOING, UNLESS IT IS IN WRITING A | ANY SPECIFIED PERIO | D OF TIME, O | OR TO MAKE ANY AGRE | EMENT CONTRARY TO |
| DID SOMEONE HELP YOU COMPLETE | THIS APPLICATION? | □YES | □NO | |
| | | | | |
| APPLICANT SIGNATURE | | | DATE | |