



Employment Application

An Equal Opportunity Employer

Precision Medical, Inc. considers applicants for all positions on the basis of qualifications and without regard to race, color, national origin, citizenship, religion, sex, pregnancy, age, disability, genetic information/history, military status, use of lawful products during non-work hours, sexual orientation, gender identity and expression and/or any other legally protected characteristic or condition.

This application will remain active for 90 days from the date it is submitted. Consideration for employment after 90 days requires a new application.

Incomplete applications will not be reviewed. Please email the completed application, along with your resume and cover letter (if applicable), to hraccounting@precisionmedical.com.

Position

Position you are applying for: _____

Available start date: _____

Type of employment desired:

How did you learn about this position?

Personal Information

Name (Last, First, Middle): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Are you 18 years of age or older?

Are you a U.S. Citizen?

If no, are you eligible to work in the United States?

Are you a veteran?

Have you been convicted of a felony?

Convictions will not necessarily disqualify an applicant from employment.

If yes, explain:

Education

School Name: _____

Years attended: _____

Major: _____

Degree received: _____

School Name: _____

Years attended: _____

Major: _____

Degree received: _____

School Name: _____

Years attended: _____

Major: _____

Degree received: _____

Employment History

Employer/Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Job Title: _____

Start Date (mo/yr): _____ End Date (mo/yr): _____

Supervisor: _____ Email: _____

Responsibilities:

Reason for Leaving: _____

Employer/Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Job Title: _____

Start Date (mo/yr): _____ End Date (mo/yr): _____

Supervisor: _____ Email: _____

Responsibilities:

Reason for Leaving: _____

Employer/Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Job Title: _____

Start Date (mo/yr): _____ End Date (mo/yr): _____

Supervisor: _____ Email: _____

Responsibilities:

Reason for Leaving: _____

References

Name: _____

Title: _____

Company: _____

Phone: _____ Email: _____

Name: _____

Title: _____

Company: _____

Phone: _____ Email: _____

Name: _____

Title: _____

Company: _____

Phone: _____ Email: _____

Notification and Agreement

Please read before signing.

I understand that, by accepting this application, Precision Medical, Inc. is in no way obligated to provide me with employment, and that I am not obligated to accept employment if offered. Furthermore, if employed, I understand that I am employed at-will, which means that Precision Medical, Inc. and/or I end the employment relationship at any time with or without notice or cause, consistent with applicable law.

I certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any falsified statement or important omission of fact on either this application or during the pre-employment process will result in my application being rejected or, if I am hired, in my employment being terminated.

I also understand that any offer of employment is conditioned upon the verification of my information. I authorized Precision Medical, Inc. to verify any and all information provided on this application and/or during the pre-employment process and I will, upon request, sign other necessary consent forms. I hereby release Precision Medical, Inc. , and those who provide information about me, from any/all liability of whatever kind and nature which, at any time, could result from obtaining, and/or having an employment decision based on, such information.

Signature: _____ Date: _____