



## 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 [hrcustomerservice@precisionmedical.com](mailto:hrcustomerservice@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: \_\_\_\_\_

Email: \_\_\_\_\_

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: \_\_\_\_\_