APPLICATION FOR EMPLOYMENT

ROCKWELL PRECISION

Date _____

Directions: Type or print in *blue or black ink*. Answer all questions which are applicable. Please do not state "See Resume".

PERSONAL INFORMATION

Last Name	First Name	Middle	
Address	City	State	Zip
Phone	Day Phone (if Different)	Social Security Number	
Email Address:	Emergency Contact/Relation & Phone #		

EMPLOYMENT INFORMATION

Position for which you are applying _____

Are you employed at the present time? _____ If yes, please complete the information below

Employer's Name: _____

Employer's Address: _____

_____

1. How long have you been with this employer? _____ Present Salary: _____

2. If offered a position, when can you report for work? _____

3. If hired can you show proof of your legal right to work in the U.S.?   Yes ____   No ____

4. Have you ever been dismissed, or asked to resign from any position?   Yes ____   No ____

5. Have you ever been convicted of a felony, or a misdemeanor which resulted in   Yes ____   No ____
   imprisonment? A yes answer to the above question does not necessarily disqualify an
   applicant from employment.

If yes to number 4 or 5, please explain: _____

_____

EDUCATION

Please list on the following lines all schools attended and any other pertinent information about your education.

School(s)	Subjects Studied (if applicable)
High School	
College (Including dates attended)	

EMPLOYMENT EXPERIENCE (List most recent experience first)

Name & Address	Position(s) Held	Dates (Start - End)

REFERENCES

Name & Address (Include City, State, Zip)	Phone	Relationship

The following section is to be completed by applicant for an OFFICE POSITION:

Can you type? _____   How many words per minute? _____

Computer Skills   Macintosh _____   PC _____

Please provide computer and software knowledge below:

_____

_____

_____

_____

I certify that all statements made herein and on the enclosed resume are true and correct to the best of my knowledge. I authorize investigation of all statements herein recorded. I release from liability all persons and organizations reporting information required by this application.

_____   _____
Signature   *Date*