

EMPLOYMENT APPLICATION

Return to: inbox@accurategelpacks.com

Accurate Manufacturing Inc. is an Equal Opportunity Employer. Our policy is to provide equal employment opportunities to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state or federal law.

PERSONAL INFORMATION							
Applicant Name:							
Last		First	Middle		Date		
Current Address:		Previous Address	:				
City State	Zip	City		State	Zip		
Telephone Numbers:							
Home				Work (If current)	y employed)		
Position Applied for:							
Have you ever been employed at Accurate?	Yes No	If yes, when?					
Do you have any friends or relatives working at Ac	curate? Y	′es					
If yes, please list their names:							
Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? Yes No (You may be required to provide documentation.)							
Are you 18 years or older? Yes No If no, can you furnish a work permit? Yes No							
Type of Employment Desired:							
Hours you are available to work:		I					
Are you willing to work the evening shift?							
Are you Employed now?							
Have you ever been convicted of a felony? (This w	ill not necessaril	y affect your applica	ation.)	No			
If yes, please describe conditions below:							
REFERENCES							
List at least two (2) persons whom you have known at least one year (do not include relatives)							
Name	Relations	ship to You	Telep Num	hone iber	Years Known		

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	EMPL	OYMENT HISTORY				
Please pro		n for past <u>3</u> years starting with the n				
	Attach resume or	additional information if necessary.				
Company Name:		Address:				
DATE STARTED:	Starting Salary:	Starting Position:	Starting Position:			
DATE ENDED:	Ending Salary:	Ending Position:	Ending Position:			
Supervisor Name:		Phone:	May we Contact?	Yes No		
Job Duties/Responsibilities:		I				
Job Duties/Nesponsibilities.						
<u> </u>						
Reason for Leaving:						
		T				
Company Name:		Address:				
DATE STARTED:	Starting Salary:	Starting Position:				
DATE ENDED:	Ending Salary:	Ending Position:				
Supervisor Name:		Phone:	May we Contact?	Yes No		
Job Duties/Responsibilities:		•				
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Reason for Leaving:						
		1				
Company Name:		Address:				
DATE STARTED:	Starting Salary:	Starting Position:				
DATE ENDED:	Ending Salary:	Ending Position:				
Supervisor Name:		Phone:	May we Contact?	Yes No		
Job Duties/Responsibilities:						
Reason for Leaving:						
						

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	OTHER SKILLS and G	QUALIFICA	TIONS						
In addition to your work history, are	e there other skills, qualifications, c	or experience	e that we sh	ould c	onside	er?			
						-			
						_			
						_			
EDUCATION									
Name	Location	From MM / YYYY	To MM / YYYY	GRAD	UATE? No	Major / Degree(s) Earned			
High School									
College									
College									
Comogo									
Trade, Business or Other School									
			•	•	•				
Agreement and Waiver Staten	nent & eSignature Acknowle	dgment							
1	contifue that the factors	t forth in this	annliaation	for or	mnlove	cant are true and complete t			
the best of my knowledge. I unders	stand that any misrepresentation a	ınd/or omissi	ion made b	y me	on this	• •			
cause for rejection of this application	n or immediate termination of emplo	oyment, if I a	ım employe	d, whe	enever	it may be discovered.			
I understand Accurate Manufacturii	•				•	-			
contained within this application Furthermore, L understand Accura									
Furthermore, I understand Accurate Manufacturing has the right to conduct criminal background checks. I release Accurate Manufacturing, and its representatives, from all liability associated with seeking, gathering, and using such information to make									
employment decisions, and all other	persons or organizations for provide	ding such inf	ormation.						
If I am employed, I acknowledge t	· · · · · · · · · · · · · · · · · · ·								
agreement or contract for employmenause, at anytime, so long as there is				ne rela	ationsh	ip at will, with or without an			
•									
By checking this box, typing yo (via email), you understand and a signature by hand. Furthermore, employment under these condition	you acknowledge that you have	ure will serv	e as your	legal	signat	ure in lieu of your physica			
Applicant's Signature:		Date:							

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