



WELCOME

Please deliver, or address mail-in forms, to:

**Precision Mechanical, Inc.
850 Tech Drive
Winchester, KY 40391**

You do not have to include Page #1.

PMI provides equal employment opportunities to all employees and applicants for employment and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state, or local laws.

This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation, and training.

Programs, Services, and employment are equally available to everyone. Please inform our HR Manager if you require reasonable accommodation for the application or interview.

HR Manager – 859-737-5500 Ext. 0213



APPLICANT DATA

Position applied for

Choose from current career listings at pmiky.com/careers.

First Name

Middle Name

Last Name

Date of Birth (MM/DD/YYYY)

If under 18, please state your age:

Social Security Number
(###-##-####)

Street Address

City

State

Zip Code

Primary Phone #

Secondary Phone #

Email Address

Do you have a valid Driver's License?

Check one.

Yes

No

If you answered yes, please enter your DL number and state of issue.

Driver's License Number

Driver's License State of Issue

Have you ever been employed with us before?

Check one.

Yes

No

If you answered yes, when did you leave?



DESIRED CAREER TYPE

Type of Employment Desired

Check one.

- Full-time
- Part-time
- Temporary

Type of Shift Desired

Check one.

- First Choice
- Second Choice
- Third Choice

Work Availability

Check all that apply, or select No Preference.

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> No Preference | <input type="checkbox"/> Friday |
| <input type="checkbox"/> Monday | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Sunday |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Holidays |
| <input type="checkbox"/> Thursday | |

Do you have reliable transportation?

Check one.

- Yes
- No

Hours desired per week

Expected hourly rate?

Leave blank if you are entering a value for a salary.

Expected salary?

Leave blank if you are entering a value for an hourly rate.

Your estimated start date.

MM/DD/YYYY



Please detail your work experience within the last 7 years.

Begin with the most recent place of employment and list them in reverse-chronological order. Note that you are not required to complete each box. Use as many as needed.

WORK EXPERIENCE

Work Experience Listing 1		
_____ Company Name		
_____ Position Held		_____ Company Phone Number
_____ Company Street Address	_____ City	_____ State
_____ Zip Code	_____ Start Date MM/DD/YYYY	_____ End Date MM/DD/YYYY
Responsibilities:		Reason for Leaving:

Work Experience Listing 2		
_____ Company Name		
_____ Position Held		_____ Company Phone Number
_____ Company Street Address	_____ City	_____ State
_____ Zip Code	_____ Start Date MM/DD/YYYY	_____ End Date MM/DD/YYYY
Responsibilities:		Reason for Leaving:



Please detail your work experience within the last 7 years.

Begin with the most recent place of employment and list them in reverse-chronological order. Note that you are not required to complete each box. Use as many as needed.

WORK EXPERIENCE CONT.

Work Experience Listing 3		

Company Name		
_____		_____
Position Held		Company Phone Number
_____		_____
Company Street Address		City State
_____		_____
_____	Start Date MM/DD/YYYY	End Date MM/DD/YYYY
Zip Code		
<div style="border: 1px solid black; padding: 5px; min-height: 80px;">Responsibilities:</div>		<div style="border: 1px solid black; padding: 5px; min-height: 80px;">Reason for Leaving:</div>

Work Experience Listing 4		

Company Name		
_____		_____
Position Held		Company Phone Number
_____		_____
Company Street Address		City State
_____		_____
_____	Start Date MM/DD/YYYY	End Date MM/DD/YYYY
Zip Code		
<div style="border: 1px solid black; padding: 5px; min-height: 80px;">Responsibilities:</div>		<div style="border: 1px solid black; padding: 5px; min-height: 80px;">Reason for Leaving:</div>

If additional pages for Work Experience are needed, feel free to print additional copies of this page.



Please detail your educational background.

Begin with the most recent instance and list them in reverse-chronological order.
Note that you are not required to complete each box. Use as many as needed.

EDUCATION

Education Listing 1		
	Name of School	
	School Mailing Address	
	Years of Education Completed	Degree or Diploma received? Check one.
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Education Listing 2		
	Name of School	
	School Mailing Address	
	Years of Education Completed	Degree or Diploma received? Check one.
		<input type="checkbox"/> Yes <input type="checkbox"/> No

If additional pages for Education are needed, feel free to print additional copies of this page.

**SKILLS, CERTIFICATIONS,
AND QUALIFICATIONS**

Describe any applicable skills, certifications and qualifications you have.



REFERENCES

Please provide at least 3 references.

Reference 1	_____	
	First Name	Last Name
	_____	_____
	Phone Number	Email Address

	Relation to You	

Reference 2	_____	
	First Name	Last Name
	_____	_____
	Phone Number	Email Address

	Relation to You	

Reference 3	_____	
	First Name	Last Name
	_____	_____
	Phone Number	Email Address

	Relation to You	

If additional pages for References are needed, feel free to print additional copies of this page.

I certify that the facts contained in this application are true and complete to the best of my knowledge. I also understand that, should this application contain any false or misleading information, my application may be rejected or my employment with the company terminated.

Applicant Signature

Applicant Printed Name

Date