



# Employment Application

Return in person, scan and email to [zamerling@daco-precision.com](mailto:zamerling@daco-precision.com), or fax (262) 626-2602

## We are an Equal Opportunity Employer.

Daco Precision provides employment, compensation and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status, or disability, or any other basis prohibited by federal or state law. The information provided on this application will not be used for any purpose prohibited by law.

*Information requested on this application must be completely/accurately answered to be considered for employment.*

**PRINT NEATLY AND IN INK.**

### Applicant Information

Legal Name (first, middle, last)		Date
Address (street)		Day Telephone ( )
(city, state, zip code)		Evening Telephone ( )
Are there other names under which you have worked or attended school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list for reference checking purposes.		
Are you legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No (If hired, you will be required to provide proof of work authorization.)		
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, your employment will be subject to verification that you meet state/federal minimum age requirements for the type of work you are applying for and have obtained a valid work permit.		
Have you ever been convicted of a crime or pleaded no contest for any offense or violation other than minor traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain 1) nature of crime, 2) date of conviction, and 3) state in which convicted. (Convictions are not an automatic bar to employment.)		
Do you have any <i>pending</i> criminal charges against you? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe the 1) nature of the charges, 2) date issued and 3) county and state where issued.		
Have you ever applied at this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when:		Have you ever worked at this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when:

Position Applying For	PT or FT Desired	Salary Range Desired	Shift Preference

When can you start?

How were you referred to the company?  Agency  Walk-In  Daco Employee \_\_\_\_\_  
 Daco Web Site  On-line  Newspaper  School  Other

### Education

School	Name and Location (city, state)	No. Years Attended	Major Subjects	Diploma or Degree Rec'd
High				<input type="checkbox"/> Yes <input type="checkbox"/> No
College				<input type="checkbox"/> Yes <input type="checkbox"/> No: Type
Other (specify)				<input type="checkbox"/> Yes <input type="checkbox"/> No

Type

**Special Skills**

If relevant, please describe word processing speed, software knowledge, and office equipment experience.

If relevant, please describe experience using manufacturing machines and equipment.

**Training Courses**

List any relevant training programs completed.

Course/Seminar	Organization Sponsoring	Content	Date(s) Attended

**Employment History (start with most recent; use separate sheet if necessary)**

Name of Employer	Telephone ( )
Address	
Job Title	Employment Dates (month and year)
Name of Immediate Supervisor	From To
Description of Duties	
Salary – start	Salary - end
Reason for Leaving	
If currently employed, may we contact as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Employer	Telephone ( )
Address	
Job Title	Employment Dates (month and year)
Name of Immediate Supervisor	From To
Description of Duties	
Salary – start	Salary - end
Reason for Leaving	
Name of Employer	Telephone ( )
Address	
Job Title	Employment Dates (month and year)
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Name of Employer	Telephone (    )	
Address		
Job Title	Employment Dates (month and year)	
Name of Immediate Supervisor	From	To
Description of Duties		
Salary – start	Salary - end	Reason for Leaving

**Employment References**

List individuals you have **WORKED** with on your jobs (no relatives or friends).

Name	Day Telephone (    )
	Evening Telephone (    )
Address	
Relationship	How long known?
Name	Day Telephone (    )
	Evening Telephone (    )
Address	
Relationship	How long known?

**Please Read Carefully Before Signing This Form**

1. All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired.
2. I authorize the company to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with me or my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly fully release and hold harmless from all liability any person or organization when responding to inquiries in connection with my application for employment with Daco Precision Inc.
3. I understand that future employment is contingent upon successfully passing a drug and alcohol screen test.
4. Regardless of whether or not I become employed by the company, I recognize that this application is not and should not be considered a contract of employment. I understand that employment at the company is on an at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or the company's, unless specifically provided otherwise in a written employment contract. I further understand that no company employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than an officer or official of the company, and then only by means of a signed, written document.

Signed by Applicant \_\_\_\_\_ Date \_\_\_\_\_

*Thank you for your interest in our company.*