Edward Köehn ( Est. 1943 Precis	Co., Inc.	800	er Avenue Berkeley CA 94710 0-666-6256/510-845-2705 fax 0ekmfg.com / <u>www.ekmfg.com</u>		
First name:	Middle name:	Last name:	Social Security number		
Current Address:					
City, State, Zip:					
Type of work you are applyir	ng for:		Date you can start work		
Do you have any machine sl	hop experience?				
Are you avaliable to work nig	ght shift?	Please use up and down arrows on keyboard to s	use up and down arrows on keyboard to select drop down menus		
Do you have any restrictions What are the hours or days y		ours of the day or days of the week			
What job specific skills would	d you bring to this postion?				
Are you currently employeed Select the highest grade you Have you attended a Trade If yes, Please describe: Have you ever served in the	u have completed in school: School or Apprenticeship?	e currently employeed may we contact	your employeer?		
If yes, Please describe dutie					
	(Begining with most recent employ		End date		
Employer Name:		Reason For leavin	9		
Employeer Address: City, State, Zip:			Salary		
Name and Title of Supervise	or				
EMPLOYMENT RECORD: Employer Name:		Start date Reason For	End date		
Employeer Address:		leaving:			
City, State, Zip:			Salary		
Name and Title of Supervis	or				
•					

## This Company is an EQUAL OPPORTUNITY EMPLOYER. We do not discriminate with respect to employment conditions based on sex, Creed, national origin, color, age or disability

Edward Köehn C Est. 1943 Precisio	Co., Inc.	820 Folger Avenue Berkeley CA 94710 800-666-6256/ 510-845-2705 fax <u>sales@ekmfg.com</u> / <u>www.ekmfg.com</u>		
EMPLOYMENT RECORD: (continued)		Start date	End date	
Employer Name:		Reason For leaving		
Employeer Address:				Salary
City, State, Zip:				,
Name and Title of Superviso	Dr			
EMPLOYMENT RECORD:		Start date	End date	
Employer Name:		Reason For leaving		
Employeer Address:				Salary
City, State, Zip:				Calary
Name and Title of Supervise	or			
REFERENCES: Name	Relationship to you	Ph	one Number	
Address:				
Name	Relationship to you	Phone Number		
Address:				
Name	Relationship to you	Ph	none Number	

Address:

The facts and statements contained in this application are true and complete to the best of my knowledge, I understand that falsified statements or misrepresentations will be cause for rejection of this application or dismissal from employment. I authorize organizations and individuals named herein to provide any and all pertinent information concerning my previous employment, and any pertinent information they have, personal or otherwise. I relase all parties from liability for furnishing this information.

Employment with EDWARD KOEHN CO., INC. is employment at will. Employment may be terminated at the will of either the employer or the employee. Employment is not for a specific period of time and can be terminated for any reason, with or without cause or notice by you or the company. Terms and conditions of employment may be modified at the sole discression of the company with or without notice. No manager or employee has the authority to make any agreement express ot implied providing for employment other than at-will.

Applicant Signature:

Date: