

Niles Precision Company is an Equal Opportunity Employer

Employment Application

Applicant Information								
Full Name:_						Date:		
	Last	First			M.I.			
Address:	Street Address					Apartment/Unit #		
	City				State	ZIP Code		
Phone:			Email					
Date Available: Social Security No.:			Desired Salary:\$					
Position App	lied for:							
Are you auth	orized to work in the U.S.?	YES NO						
Have you ev	er worked for this company?	YES NO	If yes, w	vhen?				
YES NO Have you ever been convicted of a felony?								
If yes, explain:								
Education								
High School	:	Address:						
From:	To: <u>*</u>	Did you graduate?	YES	NO	Diploma:			
College:		Address:						
From [*] :	To: <u>*</u>	Did you graduate?	YES	NO	Degree:			
Other:		Address:						
From:	To: <u>*</u>	Did you graduate?	YES	NO	Degree:			

Note: * items are optional to answer, answering or not answering will not affect hiring potential or consideration

References Please list three references not related to you, whom you have known at least one year. Full Name: Relationship: Company: Phone: Address: Full Name: Relationship: Company: Phone: Address: Full Name: Relationship: Phone:____ Company: Address: Previous Employment Phone:_____ Company: Supervisor: Address: Starting Salary: Ending Salary:\$ Job Title: Responsibilities: To: From: Reason for Leaving: YES NO May we contact your previous supervisor for a reference? Phone: Company: Supervisor: Address: Starting Salary: Ending Salary: Job Title: Responsibilities: ___ From: ____To:____ Reason for Leaving:____ YES May we contact your previous supervisor for a reference? Phone: Company: Supervisor: Address: Starting Salary:\$ Ending Salary: Job Title: Responsibilities: From: _____To:_____ Reason for Leaving: YES NO May we contact your previous supervisor for a reference?

Military Service							
Branch:	From:	To:					
Rank at Discharge:	Type of Discharge:						
If other than honorable, explain:							
Disclaimer and Signature							
I certify that my answers are factual and accurate to the best of my knowledge.							
If this application leads to employment, I understand that false or misleading information in my application or interview may result in the release of my employment. This waiver does not permit the release or use of any disability or medical related information in a manner that violates the Americans with Disabilities Act (ADA), or any other state or federal level laws.							
Print Name:	Date:						
Digital							
Signature:							