



**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 Applied for: \_\_\_\_\_

Are you authorized to work in the U.S.? YES NO  
☐ ☐

Have you ever worked for this company? YES NO If yes, when? \_\_\_\_\_  
☐ ☐

Have you ever been convicted of a felony? YES NO  
☐ ☐

If yes, explain: \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \* \_\_\_\_\_ To: \* \_\_\_\_\_ Did you graduate? YES NO Diploma: \_\_\_\_\_  
☐ ☐

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \* \_\_\_\_\_ To: \* \_\_\_\_\_ Did you graduate? YES NO Degree: \_\_\_\_\_  
☐ ☐

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \* \_\_\_\_\_ To: \* \_\_\_\_\_ 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: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## Previous Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES ☐ NO ☐

\_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES ☐ NO ☐

\_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES ☐ NO ☐

### 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: \_\_\_\_\_  
or \_\_\_\_\_ Date: \_\_\_\_\_

Digital  
Signature: \_\_\_\_\_