



Name: _____ Phone: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Are you a U.S. Citizen? YES () or NO () If no, what is the number on your green card or other document? _____

Date of Last Tetanus Shot: _____

Have you ever drawn workman's compensation due to a work injury? YES () or NO ()

If yes, please explain: _____

Do you have any physical problems that would interfere with work? YES () or NO ()

If yes, please explain: _____

Are you willing to work overtime provided reasonable notice given? YES () or NO ()

If no, please explain: _____

State friends or relatives that work for Precision Assembly: _____

Education			
	Name/Location	Years Attended/Graduated	
High School			
Technical School			
University			
Employment History			
Employee Name	Kind of Work	Date Begin/Ended	Reason Left
Personal Reference			
Name	Address	Phone	
Emergency Contact			
Name	Relationship	Phone	

I authorize the verification of information provided on this form. I understand that false statements on this application may be considered sufficient case for dismissal. I agree, if employed, to abide by all rules.

Signature of Applicant: _____

Date: _____