



PRECISION, INC. & WATER JET DIVISION

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ISO 9001
QMI-SAI Global

Application for Employment

Personal Information

NAME (LAST NAME FIRST) DATE

PRESENT ADDRESS CITY STATE ZIP CODE

PHONE # MOBILE # OTHER #

EMAIL REFERRED BY

HOW DID YOU HEAR ABOUT US

Employment Desired

WHAT POSITION ARE YOU APPLYING FOR DAY SHIFT NIGHT SHIFT NO PREFERENCE

WHEN CAN YOU START SALARY DESIRED \$ /PER HOUR

HAVE YOU EVERY APPLIED TO THIS COMPANY BEFORE? YES-WHEN? NO

Education History

COLLEGE / YEARS ATTENDED / DID YOU GRADUATE / SUBJECT STUDIED

TRADE, BUSINESS OR CORRESPONDENCE / YEARS ATTENDED / DID YOU GRADUATE

References (Give below the names of two persons not related to you, whom you have known at least one year)

FIRST & LAST NAME CONTACT # BUSINESS YEARS

FIRST & LAST NAME CONTACT # BUSINESS YEARS

General Information

NUMBER OF YEARS EXPERIANCE

PROGRAMMING G-CODE _____ SET-UP _____

MANUAL MILL _____ MANUAL LATHE _____

CNC MILL _____ CNC LATHE _____

CONTROL _____ CNC HORIZIN _____

OTHER EXPERIENCE IN THE INDUSTRY _____

OTHER SPECIAL SKILLS _____

Former Employers (List below your last three employers, starting with the present or last employer first)

ARE YOU EMPLOYED YES NO IF SO, MAY WE INQUIRE OF YOUR EMPLOYER YES NO IF NO, WHY?
COMPLETE AND SIGN THE EMPLOYMENT VERIFICATION FORM FOR YOUR CURRENT/PREVIOUS EMPLOYER.

START DATE COMPANY NAME & OFFICE NUMBER SALARY POSITION

END DATE REASON FOR LEAVING THE COMPANY

START DATE COMPANY NAME & OFFICE NUMBER SALARY POSITION

END DATE REASON FOR LEAVING THE COMPANY

START DATE COMPANY NAME PHONE NUMBER SALARY POSITION

END DATE REASON FOR LEAVING THE COMPANY

ADDITIONAL INFORMATION / COMMENTS / NOTES

LOGIK PRECISION, INC. QUESTIONNAIRE

Please answer YES NO and/or give an explanation for ALL of the following questions.

1. In the past, have you been disciplined for violating company policies forbidding the use of alcohol or tobacco products? YES NO If yes, please explain:

2. Do you use illegal drugs? YES NO
3. How many days of work did you miss last year?

4. Are you able to perform the specific duties of this position? YES NO
5. Are you able to perform the essential functions of this job with or without reasonable accommodations? YES NO
6. Are you authorized to work in the U.S.? YES NO
7. What languages do you read, speak or write fluently?

8. Tell me about you previous experience managing teams.

9. Are you able to work with our required schedule? YES NO
10. Are you available to work overtime on occasion (may include Saturdays)? YES NO
11. You'll be required to work overtime on short notice. Is this a problem for you? YES NO
12. What do you have to offer our company? _____

13. Have you ever been disciplined for your behavior at work? YES NO If so, please explain _____
14. Are you able to lift boxes/items weighing up to 50 pounds? YES NO
15. Are you able to start work between 7:15 and 7:59 a.m.? YES NO If not are you willing to relocate? YES NO
16. Have you ever been convicted of "x" (fraud, theft and so on)? YES NO
17. Do you have any upcoming events that would require extensive time away from work? YES NO
18. Is there anything I haven't told you about the job or company that you would like to know? YES NO
19. Have you ever been disciplined for violating safety procedures? YES NO
20. Logik Precision, Inc. will furnish all the tools and equipment necessary to do the job but you are welcome to bring your own tools and tool box. Are you bringing your own tools?
 YES (YOUR TOOLS ARE YOUR RESPONSIBILITY) NO

Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be ground for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by the President Carlos Sierra.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

APPLICANT SIGNATURE

DATE

----- **DO NOT WRITE BELOW THIS LINE** -----

JOB OFFERED YES NO JOB ACCEPTED YES NO SHIFT DAY NIGHT START DATE _____

POSITION _____ SUPERVISOR'S NAME _____

WAGE \$ _____ /PER HOUR (*This is the "base wage" does not include the additional \$1.00/per hour second shift incentive*)

COMMENTS _____

INTERVIEWER'S NAME

INTERVIEW DATE