

Please print in ink

Number of attachments _____

Application For Employment



1. Position applied for _____ 2. Date _____
(one per application)

3. Social Security No. _____
(Note: Completion of number three is optional. Failure to submit social security number on this form will not prohibit employment consideration. Social security number may be required on other forms prior to employment.)

4. Full legal name _____ 6. Home phone: (_____)
Last First Middle

5. Address _____ 7. Cell phone: (_____)

_____ 8. E-mail Address _____
City State Zip

9. EDUCATION

a. Check highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12

b. If you did not complete high school, do you have a high school equivalency diploma? Yes No

c. Check number of years of post high school 1 2 3 4 5 6 7

Name and Location of Institution	Years	Degree Received	Major or Specialty	Minor	Dates Attended
1. _____					
2. _____					

d. If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date: _____

10. **EXPERIENCE** — Use Supplementary Experience Form(s) for additional space. Starting with the most recent, describe ALL paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position. You may list significantly different jobs within the same organization as separate items. May we contact your present supervisor? Yes No

a. **Job Title** _____ **Duties** _____

Employer _____

Address _____

Phone _____

Type of business _____

Immediate supervisor _____

Title _____ Number and titles of employees you supervised _____

Salary (start) _____ (finish) _____ Equipment used _____

Dates (mo/yr) _____ to _____ Reason for leaving _____

Full-time _____ Part-time _____ Hours per week _____ Your name if different from present _____

b. **Job Title** _____ **Duties** _____
 Employer _____
 Address _____

 Phone _____
 Type of business _____
 Immediate supervisor _____
 Title _____ Number and titles of employees you supervised _____
 Salary _____ (finish) _____ Equipment used _____
 (start) _____
 Dates _____ to _____ Reason for _____
 (mo/yr) _____ (mo/yr) _____ leaving _____
 Full- _____ Part- _____ Hours per _____
 time _____ time _____ week _____ Your name if different from present _____

11. REFERENCES

List names, addresses and relationships of three persons not related to you who know your qualifications:

Name	Address	Phone	Relationship

12. MISCELLANEOUS

a. Check which shift you will accept: Day Evening Night Rotating
 Weekends Any

b. Check which job status you will accept: Full-time Part-time (specify) _____

c. For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States?

Yes No. Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to be employed.

e. Have you worked at QPI thru a Contract Service/Temp agency in the last 12 months? Yes No

14. CERTIFICATION--Each Application Requires Current Date and Original Signature

PLEASE READ CAREFULLY BEFORE SIGNING*

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

Date: _____ Signature: _____