



# Employment Application

FOR USE BY QUALITYPRO EMPLOYERS

TODAY'S DATE

**This is a Drug-Free Workplace Offering Equal Employment Opportunities.** Applications are received and employees are hired without regard to race, color, sex, religion, age, genetic information, national origin, disability, veteran's status, citizenship status, or any other protected classes under state, local, or county regulations. The receipt of this application does not mean that job openings exist and does not obligate us in any way. We appreciate your interest in our organization.

## Your Personal Information

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Last/First/Middle Initial

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail \_\_\_\_\_

Preferred method of contact:  Home Phone  Cell  E-mail  Other \_\_\_\_\_

## Your Work History And Any Employment Gaps

Must be completed even when accompanied by resume. List most recent or current job first. You must include any gaps in employment, with a full explanation and dates for the gap. You must also provide a complete work history for a minimum of seven years. If you need more space, photocopy page 2 or fill out a separate page and attach it to this form.

Employer	Dates Employed		Summary of Work Performed & Job Responsibilities
	From (Mo/Yr)	To (Mo/Yr)	
Address (City, State, Zip)	Phone		
Job Title	Hourly Rate, Weekly Salary, or Other Weekly Earnings		
	Starting	Final	
<input type="checkbox"/> Voluntarily Resigned or <input type="checkbox"/> Employment Terminated State Reason:			Supervisor's Name

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**More Work History** *If you need more space, please photocopy this page or fill out a separate page and attach to this form.*

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## Tell Us About Yourself

You must answer **every** question on this application. If a question does not apply, put "N/A." Please print.

What position are you applying for? \_\_\_\_\_

What are your pay expectations? \$ \_\_\_\_\_ When can you start work? (Date) \_\_\_\_\_

How were you referred to us? (If you were referred by a person, please provide the name) \_\_\_\_\_

Have you completed an application here before?  Yes  No If yes, date/location \_\_\_\_\_

Have you been employed here before?  Yes  No If yes, date/position/location \_\_\_\_\_

Are you available to work (Check any that apply):  Full-time  Part-time  Temporary  Nights  Weekends

Are there any days or times during the week that you are not available to work?  Yes  No

*(Reasonable accommodation of religious needs that do not create an undue hardship will be considered, if applicable)*

If yes, please list the days/times you are not available to work \_\_\_\_\_

If necessary, can you provide proof that you are over any minimum work age requirement?  Yes  No

Are you willing to work overtime?  Yes  No Do you have steady transportation to work?  Yes  No

Can you travel, if required?  Yes  No What percentage of time? \_\_\_\_\_

Are you on a layoff and subject to recall?  Yes  No May we contact your present employer?  Yes  No

How much time have you lost from work during the past 12 months? \_\_\_\_\_

Are you now, or do you expect to be, engaged in any other business or employment while working here?  Yes  No

If yes, please explain \_\_\_\_\_

Are you presently an officer, employee, or employer of another business in our industry or with whom we compete?  Yes  No

If yes, please explain \_\_\_\_\_

Please list any businesses that you own or have a majority interest in \_\_\_\_\_

Have you ever been terminated from employment or asked to resign from a job?  Yes  No

If yes, please explain \_\_\_\_\_

Why do you desire to make a change? \_\_\_\_\_

Are you legally eligible to work in the United States?  Yes  No *(Proof of citizenship status/identity required upon hire)*

What three things are most important to you in a job? (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

What three adjectives best describe you? (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

What type of work do you most enjoy? \_\_\_\_\_

Why do you want to work here? \_\_\_\_\_

Have you ever been a customer of ours?  Yes  No If yes, what services did you receive? \_\_\_\_\_

## Tell Us About Your Special Skills And Qualifications

List any special skills, training, experience, certifications, or licenses that may be relevant to this position or our company \_\_\_\_\_

List any professional, trade, business, or civic activities or offices held that would relate to working here \_\_\_\_\_

List any foreign languages that you fluently speak, read, and/or write that would relate to working here \_\_\_\_\_

List software programs that you are proficient in \_\_\_\_\_

## Your Educational Background

Schooling	Did you graduate?	Years completed	Degree received and major subject	Name of school	Location
High School or GED	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Trade, Business, or Correspondence	<input type="checkbox"/> Yes <input type="checkbox"/> No				
College	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Graduate School	<input type="checkbox"/> Yes <input type="checkbox"/> No				

## Tell Us About Your Driving Record

*Necessary for positions that may require use of a personal or company vehicle for work*

Do you hold a valid and unexpired Driver's License that is not currently suspended or revoked?  Yes  No

If yes, provide the state \_\_\_\_\_

Have you been convicted of any moving violation(s) in the last 5 years?  Yes  No If yes, give date(s) and explanation of each: \_\_\_\_\_

## Military Service

Branch of Service \_\_\_\_\_ Rank at Discharge (if applicable) \_\_\_\_\_

Dates of Service: From \_\_\_\_\_ to \_\_\_\_\_ List Duties and Special Training and/or Skills \_\_\_\_\_

## Non-Compete Agreement

Are you currently subject to a Non-Compete Agreement or Restrictive Covenant that would prohibit you from working at our company in the position for which you are applying?  Yes  No

If yes, provide a copy of the agreement and state the name of the company: \_\_\_\_\_

## Tell Us About Your Past

*Answering "yes" to any of these questions is not an automatic bar to employment.*

Have you ever had any professional license or certificate suspended or revoked (e.g., pest control operator's license, law license, real estate license, etc.)?

Yes  No If yes, list the professional license(s) and/or certificate(s) that were suspended or revoked and state when and why the license(s) and/or certificate(s) were suspended or revoked \_\_\_\_\_

## Agreement and Release

For the purpose of this agreement and release, the organization that has provided you with this application is referred to as "the company," "this company," or "you" in the following paragraphs:

The facts set forth above in my application for employment are true and complete. I understand that false statements or omission of information on this application (even if discovered after employment) or any other employment form may lead to dismissal or denial of employment. You are hereby authorized to make any investigation of my personal history, financial, criminal, credit, and motor vehicle records through any investigative or credit agencies or bureaus of your choice. You are also authorized to administer a personality profile or other pre-employment tests and verify my background. A criminal record or sentence is not an automatic disqualification for employment. I agree to submit to any drug or alcohol testing prior to or after employment.

In making this application for employment, I also understand that an investigative consumer report may be made whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. I also acknowledge that the company may conduct a search for information about me that is in the public domain, including, but not limited to, information on social networking sites. In exchange for the consideration of my employment application by this company, I hereby release and forever discharge this company (including its directors, officers, employees, and agents) and my past and/or present employers (including their directors, officers, employees, and agents) from any liabilities which may result from an investigation of my past and/or present employment or from the disclosure of such information. I authorize the use of any information in this application to verify my statements, and I authorize past employers, doctors, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record.

I understand that if my application is accepted and if I am hired, employment with this company at all times is employment "at will." It is further understood that this "at will" relationship may not be changed by any written document, verbal statements, or by conduct unless an authorized executive of this company specifically acknowledges such change. I further understand that my "at will" employment may be terminated at any time by this company or myself and includes no guarantee, contract, or promise of employment for any specific length of time. I understand that the first 90 days of employment is a new-hire introductory period. Submission of this application does not imply that I will be hired.

I have read, understand, and by my signature consent to these statements:

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

## Your Emergency Contact

In Case of an Emergency, I Authorize You to Contact:

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_