



Application for Employment

QLF Employee Referred by: _____

Personal Information

Name (First MI Last)			
Street Address	City	State	Zip
Phone Number			
Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Where did you see our employment ad?			

Employment Desired

Position Applied For:	Date Available:	Salary Desired:
Are you current employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, may we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever applied/worked for this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, when? (Month/Year)	

Education

Name and Location of School	Years Attended	Did you Graduate?	Degree Obtained
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade School		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Additional Training

List any additional training/seminars/certifications and dates attended/obtained that pertain to the job applied for below:

Employment History

List, you last ten (10 years of employment, beginning with your most recent/present position. Please fill out all areas completely.

"See Resume" will not constitute a finished application.

Employer _____	Dates Employed _____ to _____
Address _____	Phone _____
Job Title _____	Supervisor _____
Job Duties _____	
Reason for Leaving _____	Salary _____

Employer _____ Dates Employed _____ to _____
Address _____ Phone _____
Job Title _____ Supervisor _____
Job Duties _____
Reason for Leaving _____ Salary _____

Employer _____ Dates Employed _____ to _____
Address _____ Phone _____
Job Title _____ Supervisor _____
Job Duties _____
Reason for Leaving _____ Salary _____

Please ask for additional employment sheets if needed.

References

Please provide three professional references. Do not use friends, family, etc.

Name of Reference _____	Name of Reference _____
Company _____	Company _____
Title _____	Title _____
City, State Zip Code _____	City, State Zip Code _____
Phone Number _____	Phone Number _____

Name of Reference _____
Company _____
Title _____
City, State Zip Code _____
Phone Number _____

"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 grounds for dismissal. I authorize investigation of 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 an authorized company representative. 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's Signature: _____ Date: _____