



WE ARE AN EQUAL OPPORTUNITY EMPLOYER
We consider applicants for all positions without regard to race, color, religion, gender, national origin, mental status, the presence of a non-job-related medical condition or disability, Vietnam Era Veteran or any other legally protected status.

Name: _____ Date: _____

Address: _____

(Street) (City) (State) (Zip)

Primary Phone _____ Email: _____

Position Applying For: _____ Date Available: _____

Rate of Pay Desired: _____ Hourly Weekly Monthly Annually

Are you 18 years of age or older? Yes No

Are you legally eligible to work in the United States? Yes No

Are you available to work: Full Time Part-time Shift Temporary

(Proof of eligibility will be required upon offer of employment)

Are you currently employed? Yes No May we contact your current employer?

Yes No

Have you ever been employed by this company before? Yes No

If 'yes', please indicate dates of employment and position held

From: _____ To: _____ Position: _____

Have you ever been convicted of any crime? Yes No (A conviction will not be an absolute bar to employment)

If 'yes', when and when is the deposition of the case?

MILITARY EXPERIENCE

Have you received any job related training in the United States Military? Yes No

Please give dates and brief explanation:

EDUCATION AND OTHER QUALIFICATIONS

School	Name and Location	Last year completed	Degree/Diploma(s)
High School		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
College/University		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
Technical /Other Please Specify		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	

Describe any specialized training, apprenticeship, skills or any additional information you feel may be useful for us when considering your application.

Do you have a valid driver's license? Yes No

License # _____ State _____ EXP ___/___/___ Class _____ Endorsements _____

REFERENCES

PLEASE LIST THE NAME, ADDRESS, AND TELEPHONE NUMBER OF THREE REFERENCES THAT ARE NOT RELATED TO YOU AND ARE NOT A PREVIOUS EMPLOYER.

Name and Occupation	Address	Phone Number

PROFESSIONAL TRADE, BUSINESS OR CIVIC ORGANIZATIONS AND OFFICES HELD.

Organization	Offices Held

WHY WOULD YOU LIKE TO WORK AT QUALITY CONNECTIONS?

LIST ANY RELATIVES OR FRIENDS CURRENTLY EMPLOYED AT OUR COMPANY:

EMPLOYMENT HISTORY

Employer _____ Phone _____	Start _____
Address _____ City _____ State _____	End _____
Job Title _____ Duties _____	Pay _____
Favorite Part of Job _____	Supervisor _____
Reason for leaving _____	_____
Employer _____ Phone _____	Start _____
Address _____ City _____ State _____	End _____
Job Title _____ Duties _____	Pay _____
Favorite Part of Job _____	Supervisor _____
Reason for leaving _____	_____
Employer _____ Phone _____	Start _____
Address _____ City _____ State _____	End _____
Job Title _____ Duties _____	Pay _____
Favorite Part of Job _____	Supervisor _____
Reason for leaving _____	_____
Employer _____ Phone _____	Start _____
Address _____ City _____ State _____	End _____
Job Title _____ Duties _____	Pay _____
Favorite Part of Job _____	Supervisor _____
Reason for leaving _____	_____
Employer _____ Phone _____	Start _____
Address _____ City _____ State _____	End _____
Job Title _____ Duties _____	Pay _____
Favorite Part of Job _____	Supervisor _____
Reason for leaving _____	_____

Empowering people is good for the community.