



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.

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

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

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Address (City, State, Zip)	Dates Employed	
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Job Title	Supervisor's Name	
<input type="checkbox"/> Voluntarily Resigned or <input type="checkbox"/> Employment Terminated State Reason:		

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? _____

When can you start work? (Date) _____

Are you mentally and physically qualified to perform the job for which you have applied, with or without reasonable accommodation?"

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					
College					
Graduate School					

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 _____

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 Section

For the purpose of this agreement, 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. A criminal record or sentence is not an automatic disqualification for employment.

In making this application for employment, I also acknowledge that the company may conduct a search for information about me that is in the public domain. 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 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 _____