



APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER *All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.*

Date Completed: _____

PERSONAL INFORMATION

Name:			Email:		
Address:			Cell Phone:		
City/State/ Zip:			Alternate Phone:		
Desired Salary:			Position Applying for:		
How did you hear about the position?	<input type="checkbox"/> QTEC Website <input type="checkbox"/> Indeed.com <input type="checkbox"/> Chamber of Commerce <input type="checkbox"/> Other <input type="checkbox"/> QTEC Employee, please list name:				
Willing to relocate?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Willing to travel?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Work Availability:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary/On-call		Date available to start?		
Are you legally eligible to work in the US?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you at least 18 years of age?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If no, you may be required to provide authorization to work.)		
Have you ever been employed by QTEC?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please complete the following:	Dates: From	To	
Position:	QTEC Supervisor:				
Reason for leaving:					
Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, when:	Please explain:				
Have you been terminated from a job within the last five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you have a current driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No State of issue:				
Do you have a current DoD Security Clearance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what level of clearance? When was your last investigation?					

EDUCATION

Type of School	School Name & Complete Mailing Address	No. of Years Completed	Major or Degree	Degree Obtained
College, Business or Trade School				Yes <input type="checkbox"/> No <input type="checkbox"/>
Professional School				Yes <input type="checkbox"/> No <input type="checkbox"/>
High School				Yes <input type="checkbox"/> No <input type="checkbox"/>
Other				Yes <input type="checkbox"/> No <input type="checkbox"/>

EMPLOYMENT HISTORY

Current Employer

Name of Employer:		Address:	
Phone:		Supervisor:	
Current Position:		Current Salary:	
Dates of employment:	From:	To:	
Summary of duties/responsibilities, skills used or learned, advancements, or promotions while you worked at this company:			
Reason for leaving:			
May we contact this employer:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not at this time		

Previous Employer 1

Name of Employer:		Address:	
Phone:		Supervisor:	
Final Position		Final Salary:	
Dates of employment:	From:	To:	
Summary of duties/responsibilities, skills used or learned, advancements, or promotions while you worked at this company:			
Reason for leaving:			
May we contact this employer:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not at this time		

Previous Employer 2

Name of Employer:		Address:	
Phone:		Supervisor:	
Final Position:		Final Salary:	
Dates of employment:	From:	To:	
Summary of duties/responsibilities, skills used or learned, advancements, or promotions while you worked at this company:			
Reason for leaving:			
May we contact this employer:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not at this time		



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Previous Employer 3

Name of Employer:		Address:	
Phone:		Supervisor:	
Final Position:		Final Salary:	
Dates of employment:	From:	To:	
Summary of duties/responsibilities, skills used or learned, advancements, or promotions while you worked at this company:			
Reason for leaving:			
May we contact this employer:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not at this time		

Instructions: Please list all applicable skills and qualifications in the areas provided.

Skills:

Applications (list all that apply):

Other skills:

PROFESSIONAL REFERENCES

Please list at least three business references, whom you have known at least three (3) years.

	Reference #1	Reference #2	Reference #3
Name			
Relationship			
Company			
Position			
Email			
Telephone			

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application may result in immediate termination. QTEC is hereby authorized to make an investigation of my job-related history. I understand that nothing contained in this employment application is intended to create an employment contract between QTEC, Inc. and myself for either employment or the providing of any benefit. No promises regarding employment have been made to me. If an employment relationship is established, I understand that my employment will be at-will and that I or QTEC, Inc. will have the right to terminate my employment at any time with or without any reason.

Applicant Signature: _____ Date: _____