

# QCI Group™

## APPLICATION FOR EMPLOYMENT

### PERSONAL

			DATE
LAST NAME	FIRST	MIDDLE	E-MAIL ADDRESS
STREET ADDRESS			HOME TELEPHONE
CITY, STATE AND ZIP CODE			BUSINESS PHONE
POSITION DESIRED			CELLULAR PHONE
HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH US? ____ YES ____ NO      IF YES:    MONTH _____    YEAR _____			ARE YOU OF LEGAL WORKING AGE? ____ YES ____ NO
ARE YOU AVAILABLE FOR FULL TIME WORK? ____ YES ____ NO      IF NOT, WHAT HOURS CAN YOU WORK? ____			WILL YOU WORK OVERTIME, IF ASKED? ____ YES ____ NO
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? ____ YES ____ NO			WHEN WILL YOU BE AVAILABLE TO BEGIN WORKING? _____

### EDUCATION

SCHOOL	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	NO OF YRS COMPLETE	DID YOU GRADUATE	DEGREE OR DIPLOMA
GRADUATE					
COLLEGE					
HIGH SCHOOL TRADE / TECHNICAL					

**EMPLOYMENT & Wage History 1**

COMPANY NAME	TELEPHONE (      )
ADDRESS	EMPLOYED (MO & YR) FROM:                      TO:
NAME OF SUPERVISOR	WEEKLY PAY START                      END
JOB TITLE & DESCRIPTION	REASON FOR LEAVING

**EMPLOYMENT & Wage History 2**

COMPANY NAME	TELEPHONE (      )
ADDRESS	EMPLOYED (MO & YR) FROM:                      TO:
NAME OF SUPERVISOR	WEEKLY PAY START                      END
JOB TITLE & DESCRIPTION	REASON FOR LEAVING

**EMPLOYMENT & Wage History 3**

COMPANY NAME	TELEPHONE (      )
ADDRESS	EMPLOYED (MO & YR) FROM:                      TO:
NAME OF SUPERVISOR	WEEKLY PAY START                      END
JOB TITLE & DESCRIPTION	REASON FOR LEAVING

**EMPLOYMENT & Wage History 4**

COMPANY NAME	TELEPHONE (      )
ADDRESS	EMPLOYED (MO & YR) FROM:                      TO:
NAME OF SUPERVISOR	WEEKLY PAY START                      END
JOB TITLE & DESCRIPTION	REASON FOR LEAVING

**REFERENCE 1**

NAME		TELEPHONE	
		( )	
STREET ADDRESS	CITY	STATE	ZIP
RELATIONSHIP		YEARS DURATION	

**REFERENCE 2**

NAME		TELEPHONE	
		( )	
STREET ADDRESS	CITY	STATE	ZIP
RELATIONSHIP		YEARS DURATION	

**REFERENCE 3**

NAME		TELEPHONE	
		( )	
STREET ADDRESS	CITY	STATE	ZIP
RELATIONSHIP		YEARS DURATION	

**SIGNATURE**

THE INFORMATION PROVIDED IN THIS APPLICATION FOR EMPLOYMENT IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. IF EMPLOYED, ANY MISSTATEMENT OR OMISSION OF FACT ON THIS APPLICATION MAY RESULT IN DISMISSAL.

I UNDERSTAND THAT ACCEPTANCE OF AN OFFER FOR EMPLOYMENT DOES NOT CREATE A CONTRACTUAL OBLIGATION UPON THE EMPLOYER TO CONTINUE TO EMPLOY ME IN THE FUTURE.

IF YOU DECIDE TO ENGAGE AN INVESTIGATIVE CONSUMER REPORTING AGENCY TO REPORT ON MY CREDIT AND PERSONAL HISTORY, I AUTHORIZE YOU TO DO SO. IF A REPORT IS OBTAINED YOU MUST PROVIDE, AT MY REQUEST, THE NAME OF THE AGENCY SO I MAY OBTAIN FROM THEM THE NATURE AND SUBSTANCE OF THE INFORMATION CONTAINED IN THE REPORT.

\_\_\_\_\_

**DATE** **SIGNATURE**

**NOTE:** PROSPECTIVE EMPLOYEES WILL RECEIVE CONSIDERATION WITHOUT DISCRIMINATION BECAUSE OF RACE, CREED, COLOR, SEX, AGE, NATIONAL ORIGIN, MARITAL STATUS, HANDICAP OR VETERAN STATUS.