## **APPLICATION FOR EMPLOYMENT**

INSTRUCTIONS: Type or print answers to ALL questions Please Fax or Email All Aplications To: 866-604-4771 or to admin@quantumelectric.net

or to admin@quantumelectric.net											
soc	CIAL SECURITY NUMBER					] - [					
NAME (Last)		(Firs	st)						(MI)	SUFI	FIX (JR.)
ADDRESS (Nu	mber and Street)										
CITY						STA	TE ZIF	COD	E (Last 4	digits	are optional)
AREA CODE	HOME PHONE NUI	DAYS/	DAYS/HOURS AVAILABLE TO WORK								
POSITION APP	PLIED FOR										
DESIRED HOU	RLY RATE OF PAY	Drivers License If you are 17 years	Ye old or young		No our age						
What kind of po		Eithe	Either HOW MANY HOURS CAN YOU WORK PER WEEK?								
	Have you graduated from School equivalency diplor		No 1	2 3	4 5	6			0 11	12	e completed:
SCHOOL	NAME	ADDRESS		TES NDED TO	CREDI HOUR COMPLE	S	TYPE DEGR RECEI	EE	MAJO COURS OF STUD	SE	DID YOU GRADUATE?
HIGH SCHOOL											
TECHNICAL OR											
BUSINESS											
COLLEGE OR UNIVERSITY											
	ER BEEN CONVICTED O							'		•	
	number of conviction(s), na d type of rehabilitation.	ture of offense(s) leadin	ng to convicti	on(s), how	recently su	ich off	ense(s) w	as/wei	re comm	itted,	sentence
List additional s	skills, knowledge and abiliti	es you possess:									

## **INSTRUCTIONS**

Beginning with your PRESENT OR MOST RECENT employment or volunteer experience and working backward, list all positions held which are necessary for determining your eligibility for employment. List all positions (titles) separately; even if with the same employer. Clearly describe the work (duties) you personally performed. You must fill out this application completely even if a resume is being attached.

Title of Immediate Su	•	ob) Company Name	Company Name					
	upervisor	Dept. Where Assigned		Business Address/F	Phone No.			
Employed From: (Mo.) (Yr.)  No. and Titles of Em	To: (Mo.) (Yr		Salary or Wa \$ Reason for L	Per	Hours Per We (Full-time) (Par			
DUTIES (must be list		by fou	Treason for E	Caving				
Official Job title (Star	rt with most recent jo	ob) Company Name			Type of Business			
Title of Immediate Su	upervisor	Dept. Where Assigned		Business Address/P	Phone No.			
Employed From: (Mo.) (Yr.)	To: (Mo.) (Yr	.) Total (Yrs. Mos.)	Salary or Wa	ge Per	Hours Per We (Full-time) (Par			
No. and Titles of Em	ployees Supervised	by You	Reason for L	eaving	l			
1								
Official Job title (Star	rt with most recent jo	ob) Company Name			Type of Business			
Official Job title (Star	-	Dept. Where Assigned		Business Address/F				
Title of Immediate Su  Employed From: (Mo.) (Yr.)	upervisor To: (Mo.) (Yr	Dept. Where Assigned  Total (Yrs. Mos.)	Salary or Wa					
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Title of Immediate Su Employed From: (Mo.) (Yr.)  No. and Titles of Emp DUTIES (must be list	upervisor  To: (Mo.) (Yr  ployees Supervised    ted)  The statements made    understand that if    penalties as may be	Dept. Where Assigned  Total (Yrs. Mos.)	Reason for L  are true and comstatement of facsonnel regulation	Per eaving  plete to the best of my t, I am subject to discuss. All statements m	Phone No.  Hours Per We (Full-time) (Par			

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Official Job title (Start with most recent job)			Company Name		Type of Business				
Title of Immediate Supervisor   Dept			Where Assigned	Business Address/P	Address/Phone No				
The of Infinediate	ouper vidor	Борг	Where Addigned		Business / tudiess/1	none rec.			
Employed From: (Mo.) (Yr.)	To: (Mo.)	(Yr.)	Total (Yrs. Mos.)	Salary or Wa	ge	Hours (Full-time)	Per Week (Part-time		
				\$	o o vina		l		
No. and Titles of I	mployees Supe	ervised by	You	Reason for L	eaving				
DUTIES (must be I	isted)								
Official Job title (St	art with most rec		Company Name			Type of Business			
Title of Immediate	Supervisor	Dept	. Where Assigned		Business Address/Phone No.				
Employed From:	То:		Total (Yrs. Mos.)	Salary or Wa	age	Hours	Per Week		
(Mo.) (Yr.)	(Mo.)	(Yr.)	, ,	\$		(Full-time)	(Part-time)		
No. and Titles of	Employees Su	upervised	by You	Reason for L	eaving				
			L Company Name			L Turo et Businos			
Official Job title (St			Company Name			Type of Business			
Title of Immediate	Supervisor	Dept	. Where Assigned		Business Address/P	Phone No.			
Employed From: (Mo.) (Yr.)	To: (Mo.)	(Yr.)	Total (Yrs. Mos.)	Salary or Wa	ege Per	Hours (Full-time)	Per Week   (Part-time		
No. and Titles of E	mployees Super	vised by Y	ou	Reason for L	eaving				
DUTIES (must be I	isted)								
good faith such othe	. I understand the penalties as m	at if I know ay be pres	ne on this application a wingly make any miss scribed by law or pers to verification as a cor	statement of factions of the statement o	t, I am subject to disc ns. All statements m	qualification and d	ismissal and		
		•		. •					
				<u> </u>		DATE:			