

Employment Application

Please Print

Date _____

Name _____
Last First Middle

Home Telephone (____) _____ Cell Telephone (____) _____

email _____

Present Address _____
No. Street City State Zip

Best way to reach you (Email/Phone/Etc): _____

Employment Desired

Position applying for _____

Are you applying for:

Regular full-time work?.....Yes__ No__

Regular part-time work?.....Yes__ No__

Temporary work, e.g., summer or holiday work?.....Yes__ No__

What days and hours are you available for work? _____

If applying for temporary work, during what period of time will you be available?

From: _____

Are you available for work on weekends?.....Yes__ No__

Would you be available to work overtime, if necessary?.....Yes__ No__

If hired, on what date can you start work? _____

Salary desired: _____

Personal Information

How did you hear about this job opening (craigslist/newspaper ad/QPC website/friend etc)?

Have you ever applied to or worked for QPC Fiber Optic before?.....Yes__ No__

If yes,when?_____

Do you have any friends or relatives working for QPC Fiber Optic?..... Yes__ No__

If yes, state name(s) and relationship_____

If hired, would you have a reliable means of transportation to and from work? Yes __ No__

Are you at least 18 years old?.....Yes__ No__

(If under 18, hire is subject to verification that you are of minimum legal age.)

If hired, can you present evidence of your legal right to live and work in the United States?.....Yes__ No__

Are you able to perform the essential functions of the job for which you are applying? Yes__ No__

If no, describe the functions that cannot be performed._____

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicant/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed?..... Yes__ No__

If yes, state nature of the crime(s),when and where convicted and disposition of the case_____

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Education, Training and Experience

School	Name and Address	No. of Years Completed	Did you Graduate?	Degree or Diploma
High School			Yes____ No____	
Vocational/ Business			Yes____ No____	
College/ University			Yes____ No____	
Graduate School			Yes____ No____	

Many of our customers (clients) do not speak English. Do you speak, write or understand any foreign languages?.....Yes__ No__

If yes, Which language(s)?_____

Do you have a valid driver's license? Yes__ No__

If yes, are you willing to drive a motor vehicle on behalf of the company if requested to do so and are you willing to allow the company to conduct a check of your driving record to verify that the company could cover you under its insurance policy? Yes__ No__

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at QPC Fiber Optic? If so, please explain

Professional Licensing/Certifications: (if applying for a professional position)

Are you licensed/certified for the job applied for?.....Yes__ No__

Name of license/certification_____

Issuing State_____

License/certification number_____

Has your license/certification ever been revoked or suspended?.....Yes__ No__

If yes, state reason(s), date of revocation or suspension and date of
reinstatement_____

Military Service

Have you obtained any special skills or abilities as the result of service in the military? Yes____
No____ If so, describe:_____

Employment History

Are you currently employed?.....Yes__ No__

If so, may we contact your current employer?.....Yes__ No__

List below all present and past employment starting with your most recent employer (last 10 years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

1. Name of Employer_____

Address_____

No.	Street	City	State	Zip
-----	--------	------	-------	-----

Type of Business_____ Telephone No.(____)_____

Supervisor's Name_____ Supervisor's email _____

Your Position and Duties_____

Date of Employment: From_____ To _____

Weekly Pay: Starting _____ Ending _____

Reason for leaving:_____

2. Name of Employer_____

Address_____

No.	Street	City	State	Zip
-----	--------	------	-------	-----

Type of Business_____ Telephone No.(____)_____

Supervisor's Name_____ Supervisor's email _____

Your Position and Duties_____

Date of Employment: From_____ To _____

Weekly Pay: Starting _____ Ending _____

Reason for leaving:_____

3. Name of Employer_____

Address_____

No.	Street	City	State	Zip
-----	--------	------	-------	-----

Type of Business_____ Telephone No.(____)_____

Supervisor's Name_____ Supervisor's email _____

Your Position and Duties_____

Date of Employment: From_____ To _____

Weekly Pay: Starting _____ Ending _____

Reason for leaving: _____

4. Name of Employer _____

Address _____
No. Street City State Zip

Type of Business _____ Telephone No. (____) _____

Supervisor's Name _____ Supervisor's email _____

Your Position and Duties _____

Date of Employment: From _____ To _____

Weekly Pay: Starting _____ Ending _____

Reason for leaving: _____

5. Name of Employer _____

Address _____
No. Street City State Zip

Type of Business _____ Telephone No. (____) _____

Supervisor's Name _____ Supervisor's email _____

Your Position and Duties _____

Date of Employment: From _____ To _____

Weekly Pay: Starting _____ Ending _____

Reason for leaving: _____

References

List below three persons not related to you who have knowledge of your work performance within the last 10 years.

Name _____

Address _____
 No. Street City State Zip

Occupation _____ email _____

Telephone No. (____) _____ Number of Years Acquainted _____

Name _____

Address _____
 No. Street City State Zip

Occupation _____ email _____

Telephone No. (____) _____ Number of Years Acquainted _____

Name _____

Address _____
 No. Street City State Zip

Occupation _____ email _____

Telephone No. (____) _____ Number of Years Acquainted _____

Please Read Carefully, Initial Each Paragraph and Sign Below

QPC participates in *E-Verify*®. Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States. This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization. IMPORTANT: If the government cannot confirm that you are authorized to work, this employer is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment. QPC does not use *E-Verify*® to pre-screen job applicants. For more information on *E-Verify*®, please contact DHS at: 1-888-464-4218 www.dhs.gov/E-Verify

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I hereby agree to submit to the exclusive jurisdiction and venue of the Superior Court of California, County of Orange, for all disputes and claims arising out of the submission of this application shall be governed by and construed and enforced in accordance with the laws of the State of California excluding that body of law pertaining to conflict of law. This application contains the entire agreement between the parties with regard to dispute resolution, and there is no other agreement as to dispute resolution, either oral or written.

_____ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

Name of Applicant _____ Date _____

Applicant's Signature _____

Equal Employment Opportunity Data (Optional)

To be completed by applicant:

Completion of this form is entirely voluntary, and all information will remain confidential and will not affect your application for employment. We are required by law to collect this information for equal opportunity purposes, and it will not become part of your personnel record if you are hired by this company.

Name: _____

Sex: ☐ Male ☐ Female

Race/Ethnicity: ☐ American Indian/Alaskan Native
☐ Asian/ Pacific Islander
☐ Black
☐ Hispanic
☐ White

Government contractors must take affirmative action to employ and advance certain qualified individuals subject to the Rehabilitation Act of 1973 and the Vietnam Era Veterans Readjustment Act of 1974. Completion of the following information is voluntary, and will assist us in proper placement and reasonable accommodation. If you wish to be identified as qualifying for such placement or accommodation, please check where applicable:

- ☐ Vietnam Era Veteran
- ☐ Disabled Veteran
- ☐ Individual with a Disability

To be completed by employer:

EEO-1 Category: ☐ 1. Officials and managers ☐ 6. Crafts-skilled
☐ 2. Professionals ☐ 7. Operatives-semi-skilled
☐ 3. Technicians ☐ 8. Laborers-unskilled
☐ 4. Sales ☐ 9. Service workers
☐ 5. Office and clerical

Employer information completed by:

Name _____ Date _____