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## 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): \_\_\_\_\_

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### 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: \_\_\_\_\_

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**Personal Information**

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

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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\_\_\_\_\_

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(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____<br>No____ |                   |
| Vocational/<br>Business |                  |                        | Yes____<br>No____ |                   |
| College/<br>University  |                  |                        | Yes____<br>No____ |                   |
| Graduate<br>School      |                  |                        | Yes____<br>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

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

Are you licensed/certified for the job applied for?.....Yes\_\_ No\_\_

Name of license/certification\_\_\_\_\_

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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:\_\_\_\_\_



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 \_\_\_\_\_

\_\_\_\_\_

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Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Weekly Pay: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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**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

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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 \_\_\_\_\_