



QPS APPLICATION FOR EMPLOYMENT

PLEASE PRINT

EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION:

DATE _____

NAME _____
LAST FIRST MIDDLE

_____-_____-_____
SOCIAL SECURITY

ADDRESS _____
STREET CITY STATE ZIP CODE

_____/_____/_____
DATE OF BIRTH

TELEPHONE # () ____ - ____ MOBILE / PAGER / OTHER # () ____ - ____

DRIVER'S LICENSE # _____ STATE _____ PLACE OF BIRTH _____

E-MAIL ADDRESS _____ POSITION APPLIED FOR _____

REFERRED BY _____ DATE YOU CAN START _____

ARE YOU EMPLOYED _____ IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER _____

TYPE OF EMPLOYMENT DESIRED: FULL – TIME _____ PART – TIME _____

SALARY DESIRED _____ HAVE YOU EVER APPLIED HERE BEFORE _____

WHERE _____ WHEN _____ YEARS IN SECURITY _____

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THIS COUNTRY? _____

ARE YOU WILLING TO WORK ANY DAY AND / OR NIGHT _____ IF NOT, EXPLAIN, PLEASE _____

ARE YOU WILLING TO WORK HOLIDAYS, WEEKENDS, AND / OR OVERTIME? _____

ARE YOU ABLE TO MEET ATTENDANCE REQUIREMENTS FOR THIS POSITION?

IF NOT, EXPLAIN, PLEASE. _____

ARE YOU 18 OR OVER _____ IF UNDER 18, MUST HAVE WORKPERMIT _____

WILL YOU TRAVEL IF JOB REQUIRES? _____

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EMPLOYMENT HISTORY:

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary).

EMPLOYER	ADDRESS	TELEPHONE # () -

POSITION/TITLE	STARTING DATE	ENDING DATE

IMMEDIATE SUPERVISOR NAME	MAY WE CONTACT FOR REFERENCE?

REASON FOR LEAVING

EMPLOYER	ADDRESS	TELEPHONE # () -

POSITION/TITLE	STARTING DATE	ENDING DATE

IMMEDIATE SUPERVISOR NAME	MAY WE CONTACT FOR REFERENCE?

REASON FOR LEAVING

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REASON FOR LEAVING

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EDUCATIONAL BACKGROUND

List last school attended, starting with most recent. Turn a copy of each certification in along with application.

HIGH SCHOOL

VOCATIONAL SCHOOL

COLLEGE

SKILLS

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

MILITARY

List all Military experience, and also include DD214 with your application.

*******FOR OFFICE USE ONLY*******

Full or Part Time	Any Shift	Site	Reliable Trans.	Experience
	Interviewed By		Orientated By	

FAX TO: 281-496-0178

EMAIL TO: info@quickprotectioninc.com

PLEASE READ

EQUAL OPPORTUNITY EMPLOYER

APPLICANT STATEMENT:

I certify that all information I have provided in order to apply for and secure work with QPS is true, complete and correct.

I understand that any information provided by me that is found to false, incomplete or misrepresented in any respect, will be sufficient cause to (1) cancel further consideration of this application, or (2) immediately discharge me from the employer's service, whenever it is discovered.

I authorize, without reservation, the employer, its representatives, or agents to contact and obtain information from all references(personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employee or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application in used for the purpose of limiting or excusing local, state or federal law.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice. The employer also reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the US and that the Federal Immigration Laws require me to complete an I-95 Form in the regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature _____

Date _____

