

## **EMPLOYMENT APPLICATION**

Please print or type. Complete all questions and sign on page 4. "SEE RESUME" is not a sufficient response to any question.

Last Name	First Middle		Middle	Date of Application				
Street Address					Home	Telephon	e	
City, State, Zip Code					Work '	Telephone		
Position Desired Date Available to Work			Salary Desired	Social Security Number				
Type of Employment Desir Full Time Part Tim	The you legally eligible for			lly eligible for employment f U.S. citizenship or immigration	for employment in this country? Yes No ship or immigration status will be required upon employment.)			
			EDUCAT	ION				
Level Name and Location of S					dance ites	Major		
				Degree)	From Mo/Yr	To Mo/Yr		
High School					110/11	110/11		
Business, Trade or Technical*								
College*								
Graduate School*								
Other*								
*If degree was received und awarded:	ler a name other t	han that listed	on this applica	tion, please provide your fu	ıll name at	the time t	he degree was	
Degree	Name	e At Time Earn	ned					
Scholastic Achievements:								



## SKILLS AND QUALIFICATIONS

Summarize specific skills and qualifications acquired from employment or other experiences that are related to the position for which you are applying (e.g., computer skills, software applications, and application knowledge):

EMBLOVACE	NIT HIGH	ODV			
EMPLOYMENT HISTORY					
Please provide a COMPLETE employment history, even if a resume is submitted with this application. List ALL employers, assignments, or volunteer activities that are relevant to the job for which you are applying, starting with the most recent, including military employment. Explain any gaps in employment in the "Comments" section below. Please use the "Employment History Continuation Sheet" if additional space is needed.					
(1) Present or Most Recent Employer Telephone	Dates Employed		Summarize the nature of the work		
	From Mo/Yr	To Mo/Yr	performed and job responsibilities.		
Address					
Job Title	Hourly Ra	ate/Salary			
	Starting				
Immediate Supervisor and Title	\$	per			
Type of Employment	Hourly Rate/Salary				
Temporary Other	Final				
Reason for leaving or why you are considering leaving?	\$	per			
If currently employed, may we contact for reference?	N	Jo			
(2) Next Previous Employer Telephone	Dates E	mployed	Summarize the nature of the work		
	From Mo/Yr	To Mo/Yr	performed and job responsibilities.		
Address					
Job Title	Hourly R	I ate/Salary			
	Starting				
Immediate Supervisor and Title	\$	per			
Type of Employment		y Rate			
☐ Temporary ☐ Other		nal			
Reason for leaving?	\$	per			
(3) Next Previous Employer Telephone		mployed	Summarize the nature of the work		
	From Mo/Yr	To Mo/Yr	performed and job responsibilities.		
Address			_		
1 1 77 1		(0.:			
Job Title		ate/Salary			
	Starting				



Immediate Supervisor and Title		\$	per			
Type of Employment		Hourl	y Rate			
Temporary Other			nal			
Reason for leaving?		\$	per			
			l			
(4) Next Previous Employer	Telephone	Dates E From Mo/Yr	mployed To Mo/Yr	Summarize the nature of the work performed and job responsibilities.		
Address						
Job Title		Hourly R	ate/Salary			
			ting			
Immediate Supervisor and Title		\$	per			
Type of Employment Full Time	Part Time	Hourly Rate				
Temporary	Other	<del></del>	nal			
Reason for leaving?		\$	per			
REFERENCES						
List three business/work references who are personal references who are not related to ye		d are NOT pr	revious supe	ervisors. If not applicable, list three school or		
Name	Telephone	Years Kno	wn In wl work	nat capacity did this person observe you or your?		
PROFESSIONALLICENSES						
List any professional license(s) that are related to the position for which you are applying and list state(s) in which licensed:						
		ERSHIPS	,			
List professional, trade, business, or civic associations that you consider relevant to the position for which you are applying (exclude						



Organization	Offices Held
SPECIAL ACCOMPLISHMENTS,	
Exclude information that would reveal sex, race, religion, national original	in, age, color, or disability.
	ПП
OTHERINF	ORMATION
If you have ever been granted a security clearance by any government a	agency, indicate the level of clearance, when granted, and by whom?
Have you ever had a security clearance suspended, denied, or revoked?	Yes No
Are you bound by any non-solicitation/non-compete agreement?	Yes No
Have you ever interviewed for a position with any of the Quick Fitting If yes, when? Where?	g locations? Yes No
Have you ever been employed by any of the Quick Fitting locations? If yes, when? Where?	☐ Yes ☐ No
Are any relatives or friends currently employed at any of the Quick Fit Name of employee(s)  Business unit	ting locations?
What prompted your application to Quick Fitting? (Please indicate name of ad/friend)  Quick Fitting Emplo	Ad Friend yee

PLEASE REVIEW APPLICATION CAREFULLY. WE WILL NOT CONSIDER THIS APPLICATION IF NOT COMPLETED IN FULL.



PLEASE READ THE FOLLOWING AND SIGN THE APPLICATION IN THE SPACES PROVIDED BELOW. IF YOU HAVE ANY QUESTIONS, PLEASE SPEAK WITH THE QUICK FITTING INC. REPRESENTATIVE BEFORE SIGNING.

I understand that employment by Quick Fitting Inc. and any of its companies ("Quick Fitting") is "at will." This means that the employment relationship can be ended by me, or by Quick Fitting at any time, for any reason, with, or without advanced notice and with or without cause. It also means that Quick Fitting may revise and make exceptions to its policies, practices, handbooks, manuals, rules, procedures, and regulations, in whole or in part, at any time. I further understand that acceptance of an offer of employment does not create a contractual obligation upon Quick Fitting to continue to employ me in the future or for any specific term. Notwithstanding the above, I understand that no representative of Quick Fitting, except the president, has any authority to enter into any agreement of employment for a definite term. Any such agreement must be in writing and signed by the president.

If employed by Quick Fitting, I agree to comply with all safety and health rules, company policies and procedures, and local, state, and federal laws pertaining to my employment. Although management makes every effort to accommodate individual preferences, organizational needs may make the following conditions mandatory: overtime, rotating work schedule, or a work schedule other than Monday through Friday or normal business hours. I understand and accept these as conditions of my employment should I be hired.

I have reviewed this application carefully and I hereby affirm that my statements and answers to all questions on this application are true and correct and that I have not knowingly withheld any fact or circumstance that, if disclosed, would affect my application unfavorably. I understand that any misstatement or omission of fact on this application may result in my application not being considered, and, if employed, may result in my immediate dismissal.

I HAVE READ AND AGREE TO THE A	BOVE TERMS AND CONDITIONS:
Signature of Applicant	Date



## **EMPLOYMENT HISTORY CONTINUATION SHEET**

Last Name	First		Middle		Date of Application
Please place a number in the Application, if this is your fr			previous em	ployer, as cor	tinued from page 3 of the Employment
( ) Next Previous Emp	ployer	Telephone	Dates E From Mo/Yr	mployed To Mo/Yr	Summarize the nature of the work performed and job responsibilities.
Address					
Job Title			Hourly Ra	ate/Salary	
Immediate Supervisor an	d Title		\$	per	
Type of Employment	☐ Full Time ☐ Temporary	Part Time Other	Hourly Rate/Salary Final		
Reason for leaving?			\$	per	
( ) Next Previous Emp	ployer	Telephone	Dates E From Mo/Yr	mployed To Mo/Yr	Summarize the nature of the work performed and job responsibilities.
Address			1110/111	1110) 11	
Job Title			•	ate/Salary	
Immediate Supervisor an	d Title		\$	per	
Type of Employment	☐ Full Time ☐ Temporary	Part Time Other	Hourly Rate Final		
Reason for leaving?			\$	per	
( ) Next Previous Em	oloyer	Telephone	Dates E From Mo/Yr	mployed To Mo/Yr	Summarize the nature of the work performed and job responsibilities.
Address					
Job Title			Hourly Rate/Salary Starting		
Immediate Supervisor an	d Title		\$	per	
Type of Employment	☐ Full Time ☐ Temporary	Part Time Other		y Rate nal	



Reason for leaving?	\$	per	

## INVESTIGATION AUTHORIZATION

By signing below, I hereby authorize Quick Fitting to conduct an investigative report and/or reference check concerning all statements contained in my application for employment; to interview all employers, references, and other individuals and institutions to obtain information and opinions about me; and to conduct any other investigation that it deems appropriate. Such investigation may include but is not limited to my education, employment history (except my current employer if I have so indicated above), character, general reputation, driving record, credit history, drug testing and criminal record. In the event that I am employed by Quick Fitting, I hereby authorize Quick Fitting to answer any inquires regarding my employment, conduct, qualifications, and reasons for leaving.

I understand that I have the right to request Quick Fitting to disclose to me, completely and accurately, the nature and scope of the investigation. (Such a request must be made in writing to Quick Fitting within a reasonable time after you have completed and signed this authorization.)

In exchange for being considered for employment, I hereby release enforcement agency, current or former employer, educational insinformation about me to Quick Fitting, from any liability arising from said investigation.	stitution, credit agency,	or any other individual providing
Signature of Applicant	Date	