

Application for Employment

Quality Process Services, LLC is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability or national origin.

PERSONAL INFORMATION

DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Last) (First) (Middle)

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street) (City) (State) (Zip)

Are you at least age 18? Home Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other telephone number(s) where you can be reached:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date you can start:\_\_\_\_\_\_\_\_\_\_\_\_

Position applied for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Partime/Fulltime(circle one)

Referred by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever applied to this company before? \_\_\_\_\_\_\_\_ Worked for this company before? \_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, when & in what capacity? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EDUCATION ELEMENTARY HIGH SCHOOL COLLEGE

Years completed 4 5 6 7 8 9 10 11 12 1 2 3 4

Diploma/Degree \*\*\*\*\*\*\*

Course of Study \*\*\*\*\*\*\*

TRAINING AND CERTIFICATIONS

Date of Expiration

\_\_\_\_\_\_\_\_\_\_\_\_\_T2 \_\_\_\_\_\_\_\_\_\_\_\_\_Lockout/Tagout

\_\_\_\_\_\_\_\_\_\_\_\_\_Hazcom/Hazwoper \_\_\_\_\_\_\_\_\_\_\_\_\_Respiratory Protection

\_\_\_\_\_\_\_\_\_\_\_\_\_PEC \_\_\_\_\_\_\_\_\_\_\_\_\_H2S

\_\_\_\_\_\_\_\_\_\_\_\_\_Water Survival \_\_\_\_\_\_\_\_\_\_\_\_\_Bloodborne Pathogens

\_\_\_\_\_\_\_\_\_\_\_\_\_Firefighting \_\_\_\_\_\_\_\_\_\_\_\_\_Confined Space

\_\_\_\_\_\_\_\_\_\_\_\_\_Crane/Rigger \_\_\_\_\_\_\_\_\_\_\_\_\_Other\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s License # State Issued:

EMPLOYMENT HISTORY

(Begin with the most recent employer; specify offshore or inland work)

1. Company Name: Telephone: Fax:

Address:

Employed from: to Supervisor:

Job title & description of work:

Reason for leaving:

1. Company Name: Telephone: Fax:

Address:

Employed from: to Supervisor:

Job title & description of work:

Reason for leaving:

1. Company Name: Telephone: Fax:

Address:

Employed from: to Supervisor:

Job title & description of work:

Reason for leaving:

AUTHORIZATION

I certify that all information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company’s rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company’s option. I also understand and agree that terms and conditions of my employment may be changed, with or without cause or with or without notice, at any time by the company.

I authorize Quality Process Services, LLC to obtain information about me from my previous employers, schools and credit sources. I also authorize my previous employers, schools, and all credit sources to disclose to Quality Process Services, LLC such information as maybe requested.

Date: Signature:

In case of emergency,

Notify:

(Name) (Address) (Telephone) (Relationship)