



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: \_\_\_\_\_ Parttime/Fulltime(circle one)

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

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

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

<u>EDUCATION</u>	<u>ELEMENTARY</u>	<u>HIGH SCHOOL</u>	<u>COLLEGE</u>
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 | _____ Lockout/Tagout         |
| _____ T2                 | _____ Respiratory Protection |
| _____ Hazcom/Hazwoper    | _____ H2S                    |
| _____ PEC                | _____ Bloodborne Pathogens   |
| _____ Water Survival     | _____ Confined Space         |
| _____ Firefighting       | _____ Other _____            |
| _____ Crane/Rigger       |                              |

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: \_\_\_\_\_

2) Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

Employed from: \_\_\_\_\_ to \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job title & description of work: \_\_\_\_\_

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

3) 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)