



3685 SW 30<sup>th</sup> Avenue  
 Fort Lauderdale, Florida 33312  
 MAIN: (954) 587-4205  
 FAX: (954) 587-4259  
 hr@quantumstabilizers.com  
 www.quantumstabilizers.com

# EMPLOYMENT APPLICATION

Quantum is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status. We comply with all applicable Federal, State and Local laws concerning discrimination in employment. No question in this application is intended to gain information in violation of any such law nor will any information obtained in response to any question be used in violation of any such law.

## PERSONAL INFORMATION

Position Sought \_\_\_\_\_  Full-Time  Part-Time

Name \_\_\_\_\_  
 First \_\_\_\_\_ Last \_\_\_\_\_ Middle Initial \_\_\_\_\_

Phone Number \_\_\_\_\_  Home  Mobile Date Available \_\_\_\_\_

How did you hear about us?  Walk In  Recruiter  Website  Referral/Other \_\_\_\_\_

## ELIGIBILITY

Are you over 18 years old?  Yes  No

Are you legally authorized to work in the United States?  Yes  No

If offered employment, will you be able to provide documentation to verify employment eligibility?  Yes  No

Do you have reliable transportation to come to work?  Yes  No

Have you been convicted of a crime in the last 7 years?  Yes  No

If yes, please explain:  
 \_\_\_\_\_

## EMPLOYMENT EXPERIENCE

Recent Employer	Name _____	Start Date _____	End Date _____
	Address _____		Phone _____
	Title _____	Rate \$ _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary
	Supervisor/ Title _____	Reason for Leaving _____	
	Brief Description of Responsibilities _____		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Previous Employer	Name _____	Start Date _____	End Date _____
	Address _____		Phone _____
	Title _____	Rate \$ _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary
	Supervisor/ Title _____	Reason for Leaving _____	
	Brief Description of Responsibilities _____		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Previous Employer	Name _____	Start Date _____	End Date _____
	Address _____		Phone _____
	Title _____	Rate \$ _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary
	Supervisor/ Title _____	Reason for Leaving _____	
	Brief Description of Responsibilities _____		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

## QUALIFICATIONS

Describe any skills, experience, training, certificates, and/or licenses that relate to the position you are applying for.

## EDUCATION

High School/GED Name \_\_\_\_\_

City/State \_\_\_\_\_ Degree \_\_\_\_\_

Years Completed  1  2  3  4 Did you Graduate?  Yes  No

College/University Name \_\_\_\_\_

City/State \_\_\_\_\_ Degree \_\_\_\_\_ Major \_\_\_\_\_

Years Completed  1  2  3  4 Did you Graduate?  Yes  No Currently Pursuing

College/University Name \_\_\_\_\_

City/State \_\_\_\_\_ Degree \_\_\_\_\_ Major \_\_\_\_\_

Years Completed  1  2  3  4 Did you Graduate?  Yes  No Currently Pursuing

Other Institution Name \_\_\_\_\_

City/State \_\_\_\_\_ Degree \_\_\_\_\_ Major \_\_\_\_\_

Years Completed  1  2  3  4 Did you Graduate?  Yes  No Currently Pursuing

## PERSONAL REFERENCES

List three personal references that may be contacted. Do not list former employers or relatives.

Name	Phone	Years Known
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____

## APPLICANT'S ACKNOWLEDGMENT

- ◆ I certify that the answers given herein and during the entire application process (including but not limited to information provided in resumes, attachments to this application, interviews or otherwise (if applicable)) are true and complete to the best of my knowledge. I further authorize the Company to verify the accuracy of the answers given and to obtain reference information on my work performance.
- ◆ I understand that any misrepresentations, omissions of facts, or incomplete answers during the application process may disqualify me from further consideration for employment. I further understand that, if employed, any misrepresentations or omissions of facts during the application process may be cause for my dismissal at any time without prior notice.
- ◆ I understand that, if employed, I will be required to provide proof of identity and legal work authorization.
- ◆ I hereby release the Company from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.
- ◆ I understand it is the Company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.
- ◆ I expressly agree and understand that, if employed, my employment is not for a specific term, is based on mutual consent and may be terminated by me or the Company with or without notice or cause at any time. I further understand that no oral promise, employer policy, custom business practice, or other procedure constitute an employment contract or modification of the At-Will Employment relationship between me and the Company.

By signing below, I agree that I have read, and understand the Applicant's Acknowledgment set forth above.

Applicant Signature

Date