

3685 SW 30th 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.

APPLICANT INFORMATION						
Position Sought Full-Time Part-Time						
Name						
First Last Middle Initial Phone Number Date Available						
How did you hear about us? Walk In Recruiter Website Referral/Other						
ELIGIBILITY QUESTIONS						
	Are you 18 years old or older?	Yes No				
	Do you have reliable transportation to come to work?	☐ Yes ☐ No				
-	Are you legally authorized to work in the United States?	☐ Yes ☐ No				
	If offered employment, will you be able to provide documentati					
-	Will you now or in the future require employment sponsorship					
	Have you ever been convicted of a crime? *	☐ Yes ☐ No				
If yes, please explain:						
	7 Do you have any criminal charges pending against you or open arrest warrants? * Yes No					
	If yes, please explain:					
8 Are you able to perform the essential functions of the job with or without a reasonable accommodation? Yes No						
*A "Yes" answer does not automatically disqualify you from employment.						
EMPLOYMENT EXPERIENCE						
ř	Name	Start Date End Date				
loye	Address	Phone				
Recent Employer	Title Rate	Hourly Salary Commission				
ıt E	Supervisor/ Title	Reason for Leaving				
cer	Brief Description	May we contact?				
Re	of Responsibilities	Yes No				
yer	NameAddress	Start Date End Date Phone				
Previous Employ						
Em	Title Rate Supervisor/					
sno	Title	Leaving				
evic	Brief Description	May we contact?				
Pr	of Responsibilities	Yes No				
	Name	Start Date End Date				
yeı	Address	Phone				
nple	Title Rate	Hourly Salary Commission				
s En	Supervisor/	Reason for				
Previous Employer	Title	Leaving				
	Brief Description	May we contact?				
Δ.	of Responsibilities	Yes 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						
Years Completed 1 2 3 4	Did you Graduate? Yes	No	Currently Pursuing			
College/University Name						
City/State	Degree	Major	_			
Years Completed	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	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 affirm the information above and agree that I have read and understand the Applicant's Acknowledgment set forth above.

Applicant Signature Date