



Application for Employment

Personal and Confidential

Last Name: _____ First Name: _____

Date of Application: _____

We are pleased that you are seeking employment with Qualala. Applicants are considered without regard to race, color, religion, sex, age, or national origin, sexual orientation, or any factors prohibited by local, state, or federal law. We are proud to be an Equal Opportunity employer.



PERSONAL INFORMATION

Last Name		First		M.I.	Date
Current Address				Apartment/Unit #	
City		State		ZIP	
Cell Phone		E-mail Address			
Home Phone		Social Security No.		--	--
Are you at least 18 years old?		YES <input type="checkbox"/> NO <input type="checkbox"/>			
Are you a citizen of the United States?		YES <input type="checkbox"/> NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for this company or have you ever worked at any Quala location under another company name?		YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?			

REFERENCES

*Please list two **professional** references.*

Full Name	Relationship
Company	Phone ()
Full Name	Relationship
Company	Phone ()

List anyone you know who is currently employed with Quala and their relationship to you:

POSITION INFORMATION

Position applying for:	Desired Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Desired Pay \$ _____ per _____
Facility Location:	How did you learn of this position? <input type="checkbox"/> Company Website <input type="checkbox"/> Newspaper <input type="checkbox"/> Internet Ad <input type="checkbox"/> Employee Referral <input type="checkbox"/> Other:	
Date available for work:	Days available to work:	
Will you work overtime if required: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:		
List any upcoming dates you are not available to work:		
Do you have a current driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has your license ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:		



PREVIOUS EMPLOYMENT

Please include at least 5 years of employment history. List the names of your present or previous employers in chronological order with present or most recent employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references. Use the back of this application if additional room is needed.

Company		Phone ()		
Address		Supervisor		
Job Title		Starting Salary \$	Ending Salary \$	
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Company		Phone ()		
Address		Supervisor		
Job Title		Starting Salary \$	Ending Salary \$	
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Company		Phone ()		
Address		Supervisor		
Job Title		Starting Salary \$	Ending Salary \$	
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Have you ever been terminated or asked to resign from any job? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please explain circumstance:				
Please explain fully any gaps in your employment history:				

EDUCATION

School	Name & Address	Course of Study	Yrs. Completed	Did you graduate?
High School				
College/Trade School				
College/Trade School				



Applicant Statement

I certify that all information I have provided in order to apply for and secure employment with the employer is true, complete, and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (a) cancel further consideration of this application or (b) immediately discharge me from the employer's service, whenever it is discovered.

I hereby authorize the Company to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment and further, I authorize the references I have listed to disclose to the Company all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and other persons, corporations, partnerships and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

I understand that the employer does not willfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state, or federal law.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Company's President or CEO.

I also understand that if hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form.

This application, once completed and signed, becomes property of the Company.

I certify that I have read, fully understand and accept the terms of the above Applicant Statement.

Signature of Applicant _____ Date _____

Please Print Name _____



Verification of Previous Employment

Section A: To Be Completed by Applicant			
Last Name:	First Name:	Middle Initial:	Date:
Position Applied For:		Location:	
Name of Previous Company:		Name of Contact:	
Company Address:		Contact Phone Number:	
I hereby authorize the above individual, company, or institution to furnish Quala with any information it may have concerning me which is on record or otherwise, and do hereby release the above individual, company, or institution and all individuals connected therewith, including Quala, from any and all liability whatsoever that might otherwise be incurred in furnishing such information.			
Applicant's Signature: _____			Date: _____

Section B: To Be Completed by Employer	
Was the applicant employed by your company?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Employment Start Date:	Employment End Date:
Applicant's job title:	
Applicant's starting salary:	Applicant's ending salary:
What were the applicant's job responsibilities? _____ _____	
What was the applicant's reason for leaving? _____ _____	
Would you rehire this applicant?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Completed by: _____	
Print Name	Title
Signature	Date

Please fax completed form to Human Resources at 813-397-1235



Verification of Previous Employment

Section A: To Be Completed by Applicant			
Last Name:	First Name:	Middle Initial:	Date:
Position Applied For:		Location:	
Name of Previous Company:		Name of Contact:	
Company Address:		Contact Phone Number:	
I hereby authorize the above individual, company, or institution to furnish Quala with any information it may have concerning me which is on record or otherwise, and do hereby release the above individual, company, or institution and all individuals connected therewith, including Quala, from any and all liability whatsoever that might otherwise be incurred in furnishing such information.			
Applicant's Signature: _____			Date: _____

Section B: To Be Completed by Employer	
Was the applicant employed by your company?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Employment Start Date:	Employment End Date:
Applicant's job title:	
Applicant's starting salary:	Applicant's ending salary:
What were the applicant's job responsibilities? _____ _____ _____	
What was the applicant's reason for leaving? _____ _____ _____	
Would you rehire this applicant?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Completed by: _____ Print Name	_____ Title
_____ Signature	_____ Date

Please fax completed form to Human Resources at 813-397-1235



Verification of Previous Employment

Section A: To Be Completed by Applicant			
Last Name:	First Name:	Middle Initial:	Date:
Position Applied For:		Location:	
Name of Previous Company:		Name of Contact:	
Company Address:		Contact Phone Number:	
<p>I hereby authorize the above individual, company, or institution to furnish Quala with any information it may have concerning me which is on record or otherwise, and do hereby release the above individual, company, or institution and all individuals connected therewith, including Quala, from any and all liability whatsoever that might otherwise be incurred in furnishing such information.</p>			
Applicant's Signature: _____			Date: _____

Section B: To Be Completed by Employer	
Was the applicant employed by your company?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Employment Start Date:	Employment End Date:
Applicant's job title:	
Applicant's starting salary:	Applicant's ending salary:
What were the applicant's job responsibilities? _____ _____ _____	
What was the applicant's reason for leaving? _____ _____ _____	
Would you rehire this applicant?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Completed by: _____ <div style="display: flex; justify-content: space-between;"> Print Name Title </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Signature Date </div>	

Please fax completed form to Human Resources at 813-397-1235



Consent and Release Form For Pre-Employment, Random, or Reasonable Suspicion Drug and/or Alcohol Testing

I hereby consent, upon a request made under the drug/alcohol testing policy of Quala, to submit to a drug or alcohol test and to furnish an sample of my urine, breath and/or blood (if applicable) at a designated collection site for analysis. I further consent to give full permission and allow a certified laboratory testing service to release of the results of said tests to an authorized medical review officer (MRO), the Company, or authorized agents of the Company.

I further agree to hold harmless the Company and its agents (including the collection site and any testing laboratory the Company might use), from any liability arising in whole or part out of the collection of specimens, testing, and use of the information from said testing in connection with the company's consideration of my employment or any other kind of adverse job action.

Drug Free Workplace

The Company does not tolerate the presence of illegal drugs or the illegal use of legal drugs in our workplace. The use, possession, distribution, or sale of controlled substances such as drugs or alcohol, or being under the influence of such controlled substances is strictly prohibited while on duty, while on the Company's premises or worksites, or while operating the Company's equipment or vehicles. The use of illegal drugs as well as the illegal use of legal drugs is a threat to us all because it promotes problems with safety, customer service, productivity, and our ability to survive and prosper as a business. If you need to take a prescription drug that affects your ability to perform your job duties, you are required to discuss possible accommodations with your supervisor. Violation of this policy will result in disciplinary action, up to and including termination.

I have carefully read the foregoing and fully understand its content.

Applicant/Employee:

Signature

Date

Print Name



Self Identification Form

*The information listed below is provided on a voluntary basis to assist Quala in complying with equal opportunity/affirmative action reporting requirements. **Providing this information is voluntary, refusal to provide the information will not result in any adverse treatment.***

Name (Last, First, Middle)			
Position Applied For:			
Race/Ethnic Group: <input type="checkbox"/> Caucasian <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Two or more races			
Vietnam-Era Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender: <input type="checkbox"/> M <input type="checkbox"/> F

I do not wish to self identify

Signature

Date