



# APPLICATION FOR EMPLOYMENT

Position(s) Applied For		Date of Application	
How did you Learn About Quillin's?			
<input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Inquiry <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____			
Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number(s)		Social Security Number (voluntary)	

Have you ever been employed with Quillin's before? If yes, give: Date \_\_\_\_\_ Location \_\_\_\_\_  Yes  No

Are you currently employed?.....  Yes  No

May Quillin's contact your present and former employers?.....  Yes  No

Date available for work: \_\_\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you available to work:  Full Time (Please indicate 1 2 3 shift)

(Check all that apply)  Part Time ( Please indicate Mornings Afternoons Evenings)

Days Available M T W Th F S Su

Temporary (Please indicate dates available: \_\_\_\_\_ - \_\_\_\_\_)

Minor under the age of 18 (required to have a work permit)

EDUCATION				
SCHOOL	Name and Address of School	Course of Study	No. of Years Completed	Diploma / Degree
High School				
Undergraduate / College				
Graduate / Professional				
Other (Specify)				

FORMER EMPLOYERS				
DATE Month and Year	Name and Address of Employer	Salary	Position	Reason for Leaving
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				

## REFERENCES

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			
4.			

## GENERAL

List any special studies or skills that would be of benefit to Quillins?

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Felony Conviction: Have you ever been convicted of a felony?  Yes  No

## IN CASE OF EMERGENCY NOTIFY

Name	Address	Phone

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Quillin's is of an "at will" nature, which means that the Employee may resign at any time and Quillin's may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized Quillin's executive.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Quillin's.

If I am hired by Quillin's, I will attest to my identity and employment eligibility, and present documents confirming my identity and employment eligibility. (You cannot be hired if you cannot comply with these requirements).

Signed: \_\_\_\_\_

Date: \_\_\_\_\_



Interviewed By: \_\_\_\_\_

Date: \_\_\_\_\_

Remarks:

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