308 S. LEBARON, MESA, AZ 85210; PHONE: 480-619-4100, FAX: 480-619-4104

Application for Employment

Candidate's Name: _____ Date: _____

Address: _____

Telephone Number: _____ Email Address:_____

Are you 18 years of age or older?
❑ Yes ❑ No

Are you either a U.S. citizen or an alien authorized to work in the U.S.?
❑ Yes ❑ No

Have you ever worked or attended school under another name? If so, under what name?

_____

Position Desired

Position: _____ Start date available: _____

Wage rate desired: $ _____ ❑ Hourly ❑ Monthly ❑ Annually

Do you prefer: ❑ Full-time ❑ Part-time If part-time, hours per week desired:_____

Hours you are available to work: _____

Days of week you are available to work: _____

Are you able to work: ❑ Weekends
❑ Holidays
❑ Nights
❑ Overtime

How did you learn about this opening? _____

Have you ever worked for Quality Emulsions? ❑ Yes ❑ No (If yes, complete the rest of this page)

Dates of employment with Quality Emulsions: from _____ to _____

Reason(s) for leaving: _____

Former supervisor(s) at this company: _____

Quality emulsions, LLC

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Please list all companies or businesses that you have ownership in or where you work during off hours or weekends:

_____ _____

_____ _____

Education

High School:	Graduated? ❑ Yes ❑ No	
Technical School:	Graduated? ❑ Yes ❑ No	Course of Study:
College/University:	Graduated? ❑ Yes ❑ No	Course of Study:
Post-Graduate Education:	Graduated? ❑ Yes ❑ No	Course of Study:
Other education, training or special skills:		

Work Experience

Please list all previous employment, beginning with the most recent. If you need more room, you may attach another sheet of paper.		
Employer:	Address:	
From To	Position Held:	Reason for Leaving:
Supervisor's Name & Title:		May we contact? ❑ Yes ❑ No
Description of Duties:		
Starting Compensation:	Final Compensation:	

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Employer:		Address:
From To	Position Held:	Reason for Leaving:
Supervisor's Name & Title:		May we contact? ❑ Yes ❑ No
Description of Duties:		
Starting Compensation:		Final Compensation:

Professional References

Identify three persons who know your work, beginning with the most recent.

Name: _____ Phone Number: _____ Email: _____

Address: _____ City, State, Zip: _____

Position or Title: _____ Years Known: _____

Name: _____ Phone Number: _____ Email: _____

Address: _____ City, State, Zip: _____

Position or Title: _____ Years Known: _____

Name: _____ Phone Number: _____ Email: _____

Address: _____ City, State, Zip: _____

Position or Title: _____ Years Known: _____

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Authorization and Acknowledgements

I affirm that the information I have provided in this application is true to the best of my knowledge, information and belief, and I have not knowingly withheld any information requested. I understand that withholding or misstating any information requested in this application is grounds for rejection of my application, and that providing false or misleading information in this application is grounds for discharge.

I authorize the company to verify my references, record of employment, education record, and any other information I have provided. Unless otherwise noted, I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers and all other persons and entities, from any and all claims, demands or liabilities arising out of or in any way related to such inquiry or disclosure.

_____ _____

Candidate's Signature Date