

Application for Employment

This application must be completed by the person applying for employment



LAST NAME (PLEASE PRINT)			FIRST			M I			HOW WERE YOU REFERRED?	DATE APPLIED
STREET ADDRESS			CITY			STATE			PHONE	
POSITION(S) APPLIED FOR:									CELL	
DATE AVAILABLE			MINIMUM ACCEPTABLE WAGE			MODE OF TRANSPORTATION			EMAIL	
									EMERGENCY CONTACT NAME AND NUMBER	

EMPLOYMENT HISTORY

MOST RECENT	1. EMPLOYER			START DATE		END DATE		PHONE	SUPERVISOR'S NAME	
							MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO			
	STREET		CITY, STATE, ZIP		REASON FOR LEAVING			JOB TITLE		
JOB DUTIES										
NEXT	2. EMPLOYER			START DATE		END DATE		PHONE	SUPERVISOR'S NAME	
							MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO			
	STREET		CITY, STATE, ZIP		REASON FOR LEAVING			JOB TITLE		
JOB DUTIES										
NEXT	3. EMPLOYER			START DATE		END DATE		PHONE	SUPERVISOR'S NAME	
							MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO			
	STREET		CITY, STATE, ZIP		REASON FOR LEAVING			JOB TITLE		
JOB DUTIES										
NEXT	4. EMPLOYER			START DATE		END DATE		PHONE	SUPERVISOR'S NAME	
							MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO			
	STREET		CITY, STATE, ZIP		REASON FOR LEAVING			JOB TITLE		
JOB DUTIES										

EDUCATION Highest Grade Completed (circle) 6 7 8 9 10 11 12 13 14 15 16 16+

HIGH SCHOOL/GED						
NAME	CITY/STATE	GRADUATE?	NAME	CITY/STATE	DATES ATTENDED	DEGREE RECEIVED
		<input type="checkbox"/> Yes <input type="checkbox"/> No				
		STUDENT? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Industrial/Manufacturing THESE CODES ARE USED FOR OUR COMPUTERIZED RETRIEVAL SYSTEM. **Please check all applicable skills and trades.**

<div style="border: 1px solid black; padding: 2px; text-align: center;">General</div> <input type="checkbox"/> Assembly <input type="checkbox"/> Electrical <input type="checkbox"/> Electronic <input type="checkbox"/> Mechanical <input type="checkbox"/> Production Line <input type="checkbox"/> Bindery <input type="checkbox"/> Cannery <input type="checkbox"/> Cook <input type="checkbox"/> Die Cutter <input type="checkbox"/> Driver <input type="checkbox"/> CDL <input type="checkbox"/> Food Service <input type="checkbox"/> Housekeeper <input type="checkbox"/> Industrial Sewer <input type="checkbox"/> Inventory <input type="checkbox"/> Janitorial <input type="checkbox"/> Landscaper <input type="checkbox"/> Material Handler	<input type="checkbox"/> Packaging <input type="checkbox"/> Paint Prep <input type="checkbox"/> Production <input type="checkbox"/> Quality Control <input type="checkbox"/> Sheet Metal <input type="checkbox"/> Security <input type="checkbox"/> Shipping/Receiving <input type="checkbox"/> Steel Worker <input type="checkbox"/> Warehouse <div style="border: 1px solid black; padding: 2px; text-align: center;">Equipment / Machinery</div> <input type="checkbox"/> Bindery Machine Operator <input type="checkbox"/> Boiler Operator <input type="checkbox"/> CNC Operator <input type="checkbox"/> Crane Operator <input type="checkbox"/> Drill Press Operator <input type="checkbox"/> Forklift Operator <input type="checkbox"/> Certified <input type="checkbox"/> Grinder <input type="checkbox"/> Heavy Equipment Operator	<input type="checkbox"/> Machinist <input type="checkbox"/> Pneumatic Tool Operator <input type="checkbox"/> Press Brake Operator <input type="checkbox"/> Punch Press Operator <input type="checkbox"/> Print Machine Operator <input type="checkbox"/> Router <input type="checkbox"/> Saws <input type="checkbox"/> Table Saw <input type="checkbox"/> Chop Saw <input type="checkbox"/> Ripsaw <input type="checkbox"/> Shear Operator <div style="border: 1px solid black; padding: 2px; text-align: center;">Welder / Fabricator</div> <input type="checkbox"/> Blueprint Reading <input type="checkbox"/> Fabricator <input type="checkbox"/> Welder <input type="checkbox"/> MIG <input type="checkbox"/> TIG <input type="checkbox"/> ARC	<div style="border: 1px solid black; padding: 2px; text-align: center;">Woodworking / Millwork</div> <input type="checkbox"/> Cabinet Maker <input type="checkbox"/> Chain Puller <input type="checkbox"/> Green <input type="checkbox"/> Planer <input type="checkbox"/> Veneer <input type="checkbox"/> Molder Operator <input type="checkbox"/> Lumber Grader <input type="checkbox"/> Veneer Grader <div style="border: 1px solid black; padding: 2px; text-align: center;">Construction</div> <input type="checkbox"/> Carpenter <input type="checkbox"/> Carpenter's Helper <input type="checkbox"/> Concrete <input type="checkbox"/> Drywall <input type="checkbox"/> Finish Carpenter <input type="checkbox"/> Framer <input type="checkbox"/> Painter <input type="checkbox"/> Commercial	<input type="checkbox"/> Residential <input type="checkbox"/> Pipe Fitter <input type="checkbox"/> Plumber <input type="checkbox"/> Plumber's Helper <input type="checkbox"/> Roofer <div style="border: 1px solid black; padding: 2px; text-align: center;">Skilled Trades</div> <input type="checkbox"/> Automotive Technician <input type="checkbox"/> Electrician <input type="checkbox"/> Electrical Engineer <input type="checkbox"/> Electronics Technician <input type="checkbox"/> HVAC Technician <input type="checkbox"/> Maintenance Technician <input type="checkbox"/> Mechanic <input type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Mechanical Engineer <input type="checkbox"/> Millwright	<div style="border: 1px solid black; padding: 2px; text-align: center;">Management / Supervisor</div> <input type="checkbox"/> Plant Manager <input type="checkbox"/> Production Manager <input type="checkbox"/> Production Supervisor <input type="checkbox"/> Project Manager <input type="checkbox"/> Quality Manager <input type="checkbox"/> Safety Manager <input type="checkbox"/> Shift Supervisor <input type="checkbox"/> Team Leader <div style="border: 1px solid black; padding: 2px; text-align: center;">Miscellaneous Skills</div> <input type="checkbox"/> Computer Operations <input type="checkbox"/> Basic Level <input type="checkbox"/> Intermediate Level <input type="checkbox"/> Advanced Level <input type="checkbox"/> Customer Service <input type="checkbox"/> OSHA Compliance <input type="checkbox"/> Safety Committee Member <input type="checkbox"/> Safety Trainer	<div style="border: 1px solid black; padding: 2px; text-align: center;">Software</div> <input type="checkbox"/> ACT! <input type="checkbox"/> Adobe Illustrator <input type="checkbox"/> Adobe PageMaker <input type="checkbox"/> AutoCAD _____ <input type="checkbox"/> MAS 90 <input type="checkbox"/> Microsoft Access <input type="checkbox"/> Microsoft Excel <input type="checkbox"/> Microsoft Office <input type="checkbox"/> Microsoft Outlook <input type="checkbox"/> Microsoft PowerPoint <input type="checkbox"/> Microsoft Publisher <input type="checkbox"/> Microsoft Word
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Form W-4	Employee's Withholding Allowance Certificate	OMB No. 1545-0074
Department of the Treasury Internal Revenue Service		
► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		
1 Type or print your first name and middle initial.	Last name	2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <small>Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</small>
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a new card. ► <input type="checkbox"/>
5 Total number of allowances you are claiming.		5
6 Additional amount, if any, you want withheld from each paycheck		6 \$
7 I claim exemption from withholding for _____, and I certify that I meet both of the following conditions for exemption.		
● Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and ● This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.		
If you meet both conditions, write "Exempt" here ►		7
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (Form is not valid unless you sign it.) ►		Date ►
FOR OFFICE USE ONLY _____		

APPLICANT — PLEASE READ THIS AUTHORIZATION BEFORE SIGNING

I agree that I have been informed of the requirements of the work for which I am applying, and that the information on this application is correct and complete to the best of my knowledge. I understand that it shall be grounds for immediate dismissal if any of the information contained herein is found to be untrue. I authorize you and all former employers to answer all questions and to give all information in connection with this application or in any way concerning me. I understand that if accepted for employment, I will be working for you on your payroll, at your client's premises. I agree that I will obtain your permission before discussing permanent employment with your client. I understand that I may not transfer to the payroll of a Quantum Recruiters, Inc. client I have previously been assigned to for 120 days after the completion of the assignment without specific written consent from Quantum management. I agree to immediately notify you at the conclusion of each assignment or as soon as I become available. If I fail to give such notice, you may assume that I am not available for reassignment, and I am not ready, willing and able to work. I understand that any information I learn while working for a client is to be kept confidential. I will hold you harmless from any claims including, but not limited to, personal injury or illness as a result of my providing false or misleading information on this application. I hereby acknowledge that my employment is "at will", that I may resign at any time and the company may terminate my employment at any time, with or without cause. I agree to submit to a medical examination or drug screen by a provider designated by Quantum (at Quantum's expense) at any time as may be required by Quantum. I understand my employment may be contingent on passing of such examination(s). I authorize any company, agency, physician, or person to release information relating to such examination (s) to Quantum or its representative. In the event of an on-the-job injury, a test for drugs, controlled substances and alcohol will be required as part of the medical examination of the injury. I agree to report any injury to Quantum immediately.

I HAVE READ, UNDERSTAND AND SUBSCRIBE TO THIS CERTIFICATION AND AGREE TO THE WRITTEN EMPLOYEE POLICIES RECEIVED DURING MY ORIENTATION.

X _____ Date _____
Applicant's Signature