

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			ZIP	
POSITION(S) APPLIED FOR:			DATE AVAILABLE			MINIMUM ACCEPTABLE WAGE			MODE OF TRANSPORTATION	
									EMERGENCY CONTACT NAME AND NUMBER	
									PHONE	
									CELL	
									EMAIL	

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				

Office/Professional THESE CODES ARE USED FOR OUR COMPUTERIZED RETRIEVAL SYSTEM. Please check all applicable skills and trades.

<p>Accounting</p> <input type="checkbox"/> 10-key <input type="checkbox"/> Accountant (CPA) <input type="checkbox"/> Accounting Clerk <input type="checkbox"/> Accounts Payable <input type="checkbox"/> Accounts Receivable <input type="checkbox"/> Budget Analyst <input type="checkbox"/> Billing Specialist <input type="checkbox"/> Collections <input type="checkbox"/> Controller <input type="checkbox"/> Full Cycle <input type="checkbox"/> General Ledger <input type="checkbox"/> Payroll	<input type="checkbox"/> Executive Secretary <input type="checkbox"/> File Clerk <input type="checkbox"/> General Office <input type="checkbox"/> Inventory Clerk <input type="checkbox"/> Office Assistant <input type="checkbox"/> Office Manager <input type="checkbox"/> Receptionist <input type="checkbox"/> Switchboard Operator <input type="checkbox"/> Secretary <input type="checkbox"/> Word Processor	<input type="checkbox"/> Labor Relations Manager <input type="checkbox"/> Recruiter <input type="checkbox"/> Trainer	<p>Management</p> <input type="checkbox"/> Chief Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> General Manager <input type="checkbox"/> Planner <input type="checkbox"/> Project Manager <input type="checkbox"/> Project Leader <input type="checkbox"/> Supervisor	<p>Sales / Marketing</p> <input type="checkbox"/> Account Executive/Manager <input type="checkbox"/> Key Account Manager <input type="checkbox"/> Marketing Assistant <input type="checkbox"/> Marketing Manager/Director <input type="checkbox"/> Pharmaceutical Rep. <input type="checkbox"/> Public Relations Manager <input type="checkbox"/> Product Demonstrator <input type="checkbox"/> Sales Asst./Coordinator <input type="checkbox"/> Sales Manager <input type="checkbox"/> Sales Representative <input type="checkbox"/> Store Manager/Retail <input type="checkbox"/> Telemarketer	<p>Software</p> <input type="checkbox"/> ACT! <input type="checkbox"/> Adobe Illustrator <input type="checkbox"/> Adobe PageMaker <input type="checkbox"/> Adobe Photoshop <input type="checkbox"/> Banner <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 <input type="checkbox"/> Peachtree <input type="checkbox"/> QuickBooks Pro <input type="checkbox"/> Quicken <input type="checkbox"/> MAS 90 <input type="checkbox"/> Other _____	<input type="checkbox"/> Graphic Designer <input type="checkbox"/> Information Systems <input type="checkbox"/> Security Engineer <input type="checkbox"/> LAN <input type="checkbox"/> Administrator/Manager <input type="checkbox"/> MIS Manager <input type="checkbox"/> Network Engineer <input type="checkbox"/> Network Administrator <input type="checkbox"/> Software Engineer <input type="checkbox"/> Systems Analyst <input type="checkbox"/> Technical Writer <input type="checkbox"/> Web Administrator <input type="checkbox"/> Web Designer <input type="checkbox"/> Web Developer <input type="checkbox"/> Programmer <input type="checkbox"/> C++ <input type="checkbox"/> Citrix <input type="checkbox"/> HTML _____ <input type="checkbox"/> JavaScript <input type="checkbox"/> Netscape <input type="checkbox"/> Novell <input type="checkbox"/> PeopleSoft <input type="checkbox"/> SQL Server <input type="checkbox"/> Unix
<p>Administrative / General</p> <input type="checkbox"/> Admin. Assist. <input type="checkbox"/> Call Center <input type="checkbox"/> Customer Service <input type="checkbox"/> Inbound Sales <input type="checkbox"/> Outbound Sales <input type="checkbox"/> Technical Support <input type="checkbox"/> Data Entry <input type="checkbox"/> Desktop Publisher <input type="checkbox"/> Dispatcher	<p>Banking / Financial</p> <input type="checkbox"/> Bank Teller <input type="checkbox"/> Escrow Officer <input type="checkbox"/> Finance Specialist <input type="checkbox"/> Loan Office <input type="checkbox"/> Loan Processor	<p>Insurance</p> <input type="checkbox"/> Claims Manager <input type="checkbox"/> Insurance Clerk <input type="checkbox"/> Underwriter <input type="checkbox"/> Workers Compensation	<p>Medical / Dental</p> <input type="checkbox"/> Admitting Clerk <input type="checkbox"/> Dental Assistant <input type="checkbox"/> HIPAA Administration <input type="checkbox"/> Insurance Medical Billing <input type="checkbox"/> Medical Claims Processing <input type="checkbox"/> Medical Records Coding <input type="checkbox"/> Medical Terminology <input type="checkbox"/> Medical Transcription	<p>Service</p> <input type="checkbox"/> Cashier <input type="checkbox"/> Customer Service Rep. <input type="checkbox"/> Food Server <input type="checkbox"/> Hospitality <input type="checkbox"/> Host/Hostess <input type="checkbox"/> Retail Clerk <input type="checkbox"/> Waiter/Waitress	<p>Technology</p> <input type="checkbox"/> Application Developer <input type="checkbox"/> Application Engineer <input type="checkbox"/> Database Administrator <input type="checkbox"/> Database Developer	
	<p>Human Resources</p> <input type="checkbox"/> Benefits Administrator <input type="checkbox"/> Benefits Analyst <input type="checkbox"/> Compensation Analyst <input type="checkbox"/> HR Asst./Coordinator <input type="checkbox"/> HR Director <input type="checkbox"/> HR Generalist <input type="checkbox"/> HR Manager	<p>Languages</p> <input type="checkbox"/> French <input type="checkbox"/> German <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Sign <input type="checkbox"/> Spanish <input type="checkbox"/> Russian <input type="checkbox"/> Other _____	<p>Purchasing</p> <input type="checkbox"/> Inventory Control <input type="checkbox"/> Purchasing Agent/Buyer			
		<p>Legal</p> <input type="checkbox"/> Legal Abbreviations <input type="checkbox"/> Legal Assist. <input type="checkbox"/> Legal Secretary <input type="checkbox"/> Paralegal				

Form	W-4	Employee's Withholding Allowance Certificate	OMB No. 1545-0074
Department of the Treasury Internal Revenue Service		<p>▶ 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.</p>	
1 Type or print your first name and middle initial.		Last name	
Home address (number and street or rural route)		2 Your social security number	
City or town, state, and ZIP code		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>	
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. <ul style="list-style-type: none"> ● 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		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 _____
 Applicant's Signature Date