



Qualitatus, Inc

APPLICATION FORM

Please Answer All Questions. Resumes Are Not A Substitute For A Completed Application

We are an equal opportunity employer. Applicants are considered for positions without regard to veteran status, uniformed service-member status, race, color, religion, sex, national origin, age, physical or mental disability, genetic information or any other category protected by applicable federal, state, or local laws.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE

(PRINT) First name		Middle		Last	
PRESENT ADDRESS Street		City		State Zip code	
HOW LONG HAVE YOU LIVED THERE? ____ / ____ years months					
MOBILE PHONE #		ALTERNATE PHONE #		EMAIL ADDRESS (optional):	
POSITION APPLIED FOR:					
DO YOU DESIRE TO WORK: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SUMMER		MAY A REFERENCE BE MADE WITH YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN:		DATE ON WHICH YOU CAN START WORK IF HIRED ____ / ____ / ____	
ARE YOU WILLING TO WORK OVERTIME? <input type="checkbox"/> YES <input type="checkbox"/> NO		HOW MANY HOURS CAN YOU WORK _____ PER WEEK?		PAY EXPECTED _____ PER HOUR?	
IF UNDER THE AGE OF 18, CAN YOU PRODUCE THE NECESSARY WORK CERTIFICATE AT THE TIME OF EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO					

Put a ✓ in each box for the days you are available to work

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
LUNCH							
DINNER							

EDUCATION	SCHOOL NAME AND LOCATION	ATTENDED		GRADUATE? YES or NO	HONORS RECEIVED
		MO / YR from	MO / YR to		
HIGH					
COLLEGE					
OTHER					

In case of accident or emergency, notify:	Phone #:
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EMPLOYER

<u>name</u>	<u>address</u>	<u>type of business</u>
Telephone ()	Dates Employed <i>from</i> / /	<i>to</i> / /
Job Title _____	Duties _____	
Supervisor's Name _____	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No if No, why not? _____	
Reason for Leaving? _____		
What will this employer say was the reason your employment terminated? _____		
Were you ever disciplined? If so, for what? _____		
How much notice did you give when resigning? If none, explain. _____		

EMPLOYER

<u>name</u>	<u>address</u>	<u>type of business</u>
Telephone ()	Dates Employed <i>from</i> / /	<i>to</i> / /
Job Title _____	Duties _____	
Supervisor's Name _____	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No if No, why not? _____	
Reason for Leaving? _____		
What will this employer say was the reason your employment terminated? _____		
Were you ever disciplined? If so, for what? _____		
How much notice did you give when resigning? If none, explain. _____		

Have you ever been terminated or asked to resign from any job? YES NO If Yes, how many times? _____

Has your employment ever been terminated by mutual agreement? YES NO If Yes, how many times? _____

Have you ever been given the choice to resign rather than be terminated? YES NO If, Yes how many times? _____

If you answered Yes to any of the above three questions, please explain the circumstances of each occasion.

REFERENCES (optional)

Please list the names of additional work-related references we may contact. Individuals with no prior work experience may list school or volunteer-related references.

NAME	POSITION	COMPANY	WORK RELATIONSHIP <small>i.e. supervisor, coworker</small>	TELEPHONE

APPLICANT CERTIFICATION

I understand that the Company may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If the Company has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to the Company's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the Company's policies and applicable federal, state, and local law.

If employed by the Company, I understand and agree that the Company, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement.

I certify that all the information on this application, my résumé, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT—EXPRESS OR IMPLIED—WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT OF THE COMPANY. IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY, AND I UNDERSTAND THAT THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.

I authorize the Company or its agents to confirm all statements contained in this application and/or résumé as it relates to the position I am seeking to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation which may be permitted by federal, state and/or local law. If applicable and allowed by law, I will receive separate written notification regarding the Company's intent to obtain "consumer reports."

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to the Company or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the Company and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information. Further, if hired, I authorize the company to provide truthful information concerning my employment to future employers and hold the company harmless for providing such information.

If hired by this Company, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this Company. I also understand this Company employs only individuals who are legally eligible to work in the United States.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE. DO NOT SIGN UNTIL YOU HAVE READ ALL OF THE INFORMATION CONTAINED IN THE APPLICATION.

Applicant Signature _____

Date ____ / ____ / ____

If the applicant is a minor, the foregoing release and consent must be signed by the applicant's parent or legal guardian. Signature by the applicant's parent or legal guardian constitutes acknowledgement by the applicant and the parent or legal guardian that the Company, to the extent permitted by federal, state, and local law, can test the applicant for illegal or controlled substances, conduct inspections of property without notice, and communicate test results to Company personnel who need to know, the applicant, and the applicant's legal guardian.

Parent/Legal Guardian _____

Witness _____

Date _____

Date _____