

EMPLOYMENT APPLICATION—Q.I.S., INC. DATE _____

To be placed on payroll, all job applicants must fill out this form Completely.

Name in Full (First, Middle, Last) _____

Present Address _____ City _____ State _____ Zip _____

Permanent Address _____ City _____ State _____ Zip _____

In case of emergency notify _____ Phone no. _____

Address: _____ City _____ State _____ Zip _____

My present Phone No. _____ Permanent Phone No. _____

What type of Driver's License do you have? CDL _____ Operator _____ Chauffeur _____

License Number _____ State _____ Restrictions? Yes ___ No ___

If Restrictions: Explain _____

IMPORTANT: Give name and address of three last employers.

1) _____

2) _____

3) _____

Education: Last grade completed _____ Military service? Yes ___ No ___ Rank _____

Have you had a physical examination in the last 5 years? Yes ___ No ___

Will you be willing to take a physical examination if required? Yes ___ No ___

Have you ever made a claim or been paid for any injury under workmen's compensation? Yes ___ No ___

Have you ever been injured in Government Service? Yes ___ No ___

If answer is yes to either of the last two answers, answer below:

Nature of injury _____

Employer when injured _____

Year _____ Insurance Company _____

Will you abide by the safety rules of this company? Yes ___ No ___

If injured, I prefer: ___ MD ___ DO ___ Chiropractor Name _____

Or I authorize my employer to use best judgment for emergency treatment. Yes ___ No ___

CERTIFICATION AND RELEASE

I CERTIFY THAT THE ANSWERS GIVEN BY ME TO THE FOREGOING QUESTIONS AND THE STATEMENTS MADE BY ME ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY FALSE INFORMATION, OMISSIONS OR MISREPRESENTATIONS OF FACTS CALLED FOR IN THIS APPLICATION MAY RESULT IN REJECTION OF MY APPLICATION OR DISCHARGE AT ANY TIME DURING MY EMPLOYMENT. I AUTHORIZE THE COMPANY AND/OR ITS AGENTS INCLUDING CONSUMER REPORTING BUREAUS TO VERIFY ANY OF THIS INFORMATION INCLUDING, BUT NOT LIMITED TO CRIMINAL HISTORY AND MOTOR VEHICLE DRIVING RECORDS. I AUTHORIZE ALL PERSONS, SCHOOLS, COMPANIES AND LAW ENFORCEMENT AUTHORITIES TO RELEASE ANY INFORMATION

SIGNED _____

DATE _____