

PLEASE READ BEFORE COMPLETING THIS APPLICATION

The employer with whom you are applying for work has a professional employer agreement with Questco, an off-site human resources company that provides payroll and other administrative services. Employees of this worksite employer are co-employees of one of the Questco companies (Emergent, USA Staffing, Alt-Source). Please understand that acceptance of this application does not create any obligation to hire you nor on your part to accept employment. Falsification or misrepresentation of any information on this application is grounds for termination of employment, and also cause for the employer to not proceed with the hiring process.

Applicant's Name (First - Middle – Last)		Driver's License Number	State
Address Number-Street-City-State-Zip		Phone Numbers	Day Evening
Primary Email Address		Secondary Email Address	
Position Applied For	Salary Requirements	Date Available for Work	In Case of an Emergency, Please Notify: (List Name(s) and Phone Number(s))

List Previous Addresses if Address Changed During the Past 5 Years

Have you been employed by our organization before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when and where? _____
Are you 18 years of age or older? We may require proof of age.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you eligible to work in the United States? Proof of Eligibility is required.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been given deferred adjudication, or been convicted of a felony or misdemeanor in the past 7-years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain _____
Are you currently under deferred adjudication, or on probation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain _____
Are you now a member of the National Guard/U.S. Armed Forces Reserves?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been on active U.S. Military Duty?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, state branch and dates of service _____
Job Skills (List experience) _____		

THIS SECTION IS REQUIRED IF AS AN EMPLOYEE, YOU WILL DRIVE A VEHICLE(S) FOR COMPANY BUSINESS

Auto Liability Expiration Date (Attach copy of Proof of Auto Liability)	Drivers License # (Attach Copy of Driver's License)	State	Type of License	Expiration Date	Restrictions															
<p>LIST ALL ACCIDENTS AND/OR TRAFFIC VIOLATIONS IN PAST THREE (3) YEARS.</p> <table><tr><td>Date</td><td>Description of Accident/Violation</td><td>Has your Driver's License ever been suspended or revoked?</td><td><input type="checkbox"/> Yes <input type="checkbox"/> No</td><td>If yes, explain below:</td></tr><tr><td colspan="5"> </td></tr><tr><td colspan="5"> </td></tr></table>						Date	Description of Accident/Violation	Has your Driver's License ever been suspended or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain below:										
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EMPLOYMENT HISTORY: Starting with Present or Most Recent, list all previous employers for the past 7 years. List only employers within the United States. Include self-employment, summer and part-time jobs, as well as military service. (Use next page for additional space)

Company Name	City/State	Phone Number	
Supervisor's Name	Position Held	Starting Salary	Ending Salary
Major Duties			
Dates Employed _____ To _____ Reason for Leaving _____			

Company Name	City/State	Phone Number	
Supervisor's Name	Position Held	Starting Salary	Ending Salary
Major Duties			
Dates Employed _____ To _____ Reason for Leaving _____			

Company Name	City/State	Phone Number	
Supervisor's Name	Position Held	Starting Salary	Ending Salary
Major Duties			
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Company Name	City/State	Phone Number	
Supervisor's Name	Position Held	Starting Salary	Ending Salary
Major Duties			
Dates Employed _____ To _____ Reason for Leaving _____			

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business, or civic activities and offices held. You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status:

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I HEREBY UNDERSTAND AND ACKNOWLEDGE THAT, IF HIRED, MY EMPLOYMENT RELATIONSHIP WITH THIS ORGANIZATION WOULD BE OF AN "AT WILL" NATURE, WHICH MEANS THAT THE EMPLOYEE MAY RESIGN AT ANY TIME AND THE EMPLOYER MAY DISCHARGE THE EMPLOYEE AT ANY TIME AND FOR ANY OR NO REASON. IT IS FURTHER UNDERSTOOD THAT THIS "AT WILL" EMPLOYMENT RELATIONSHIP MAY NOT BE CHANGED BY ANY WRITTEN DOCUMENT OR CONDUCT UNLESS SUCH CHANGE IS SPECIFICALLY ACKNOWLEDGED IN WRITING BY AN AUTHORIZED EXECUTIVE OF THIS ORGANIZATION.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date