

Q-ZAR - Application for Employment

Pre-employment questionnaire..Equal Opportunity Employer

PERSONAL INFORMATION

| | | | | |
|--|--|--|-------|----------------|
| Last | | First | | |
| Street Address | | City | State | Zip |
| Phone Number | | Referred By | | |
| Employment Desired | | | | |
| Position | | Date to Start | | Salary Desired |
| Are you employed now? | | If so, may we inquire with them? | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Ever applied with this company before? | | Where ? | | When ? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |

Education History

| | Name & Location of School | Years Attended | Did You Graduate | Subjects Studied |
|----------------|---------------------------|----------------|------------------|------------------|
| Grammar School | | | | |
| High School | | | | |
| College | | | | |

Former Employers

List below last four employers, starting with last one first

| Date Month & Year | Name and Address Of Employer | Salary | Position | Reason for Leaving |
|----------------------|------------------------------|--------|----------|--------------------|
| From | | | | |
| To | | | | |
| From | | | | |
| To | | | | |

Authorization:

" I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigations of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand that no representative of the company has any authority to enter in to any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an Q-ZAR representative.

| | |
|-------|------------|
| Date: | Signature: |
|-------|------------|

HOURS YOU CAN WORK: 10 AM - MIDNIGHT

| MON | TUES | WED | THURS | FRI | SAT | SUN |
|-----|------|-----|-------|-----|-----|-----|
| | | | | | | |