

APPLICATION FOR EMPLOYMENT

Pre-Employment Questionnaire Equal Opportunity Employer

Personal Information

Full Name:	Date:
Address:	
Email:	
Phone Number:	
Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Position Information

Position Applied For:						
Anticipated Start Date:			Desired Salary:			
Referred By:						
Do you have a journeyperson or apprentice electrician license through the State of DE?					<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no have you applied?					<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hours available to work:						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Are you employed?					<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, may we contact your present employer?					<input type="checkbox"/> Yes	<input type="checkbox"/> No
Contact Name:						
Phone:			Email:			

Educational Background

Division	Institution	Year of Completion

Professional Background

Start With Current or Most Recent

Company Name	Job Title/Dates	Responsibilities

Skills & Training

Skill	Level	Year	Institute

References

Name	Phone	Years Known	Business

Authorization and Consent to Drug and Alcohol Testing

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 understand that any employment relationship with this company is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

I authorize investigation 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 and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing .

I, _____ hereby consent and willingly submit to drug and alcohol testing to be performed upon me as requested by Quantum Controls, Inc. I further understand that such testing will not necessarily include urinalysis or a similar test to detect the use of drugs, alcohol, and/or controlled substances, and hereby authorize their treating personnel , management , agents, and/or employees to perform such test. I further agree to release the results of the above-referenced urinalysis or other controlled substance testing to Quantum Controls, Inc. through its authorized representative.

I recognize and acknowledge that the above-referenced urinalysis or similar controlled substance test may be performed (1) in association with my application for employment ; (2) "for cause" when the company has reasonable suspicion to believe that I am under the influence of drugs or alcohol which are impairing my job performance ; (3) on a random basis if in a safety-sensitive position; and (4) during the course of and for a period subsequent to my participation in a rehabilitation program. I further acknowledge that my submission to such appropriate testing is deemed by the Company to be a material conditional of my continued at-will employment.

This consent form is effective from the date of my signature forward unless revoked by me in writing.

Date: _____ **Signature:** _____

Date: _____ **Witness :** _____