Application Accepted and ID Verified By:

(Print)

(Sign)

Interviewed By:

(Print)

(Sign)

Q-Services and Consultants, Inc. 5213 Moon Shell Drive Apollo Beach, FL 33572

#### **CONFIDENTIAL APPLICATION FOR EMPLOYMENT**

#### **PERSONAL INFORMATION:**

#### PLEASE PRINT!!!

First Name:	_ MI:	_Last:	
Address:			Apt:
City:	_State:	Zip:	
County:			
Telephone Number:		_ Alt Number:	
Social Security Number:			
Driver's License Number:			State:Class:
Endorsements:		DL Expiration	Date://
Past Address if not at current for 2 year	ars:		
City:			_State: Zip:
County:			
Position Applying For:			
Salary Desired:			
Date available for employment:/_/			

### Present/Past employers-

Company Name:		
City:	State: Phone#	-
Position:		-
Start date:	End Date:	
Starting pay:	Ending pay:	
What did you like most	about your job:	
What did you like least	about your job:	
May we have your auth	orization to contact this employee? Yes: No:	
Company Name:		
City:	State: Phone#	-
Position:		_
Start date:	End Date:	
Starting pay:	Ending pay:	
What did you like most	about your job:	
What did you like least	about your job:	
What did you like least	about your job:	
What did you like least	about your job:	

May we have your authorization to contact this employee? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Company Name:			-
City:	State:	Phone#	_
Position:			_
Start date:	End Date:		
Starting pay:	Ending pay:		
What did you like most a	about your job:		
What did you like least a	ibout your job:		
May we have your autho	prization to contact this employ	ee? Yes: No:	-
	State:		
	0100		
	End Date:		-
	Ending pay:		
What did you like least a	bout your job:		
way we have your autho	prization to contact this employed	ee ? Yes: No:	-

Education:

High School Name: _		Did you graduate: Yes No	-
City:		State:	
Year Started:	Completed:		
Trade/College Schoo	I Name:	Did you graduate: Yes	No
City:		State:	
What type of degree/	certificate did you achieve? _		
Grad School Name: _		Did you graduate: Yes: No: _	
City:		State:	
What type of degree	did you achieve?		
Back Ground:			
Have you ever been o	convicted of a Felony? Yes: _	No:	
If so please explain:			
Date of occurrence: _	_//		
Have you ever receiv	ed workman's compensation	? Yes: No:	
If so please explain:			
Date of occurrence: _	_//		
Is there any condition	, health or otherwise that wo	uld hinder you from doing your job? Yes	: No:
If so please explain:			

#### SKILLS:

Computers
Microsoft Windows: Basic: Advanced:
Excel: Basic: Advanced:
Power Point: Basic: Advanced:
Outlook: Basic: Advanced:
Quick Books: Basic: Advanced:
Typing: wpm
Trades:
Irrigation Service- Yes: No: Number of years experience:
Irrigation Installation- Yes: No: Number of years experience:
Low voltage lighting- Yes: No: Number of years experience:
Grounds maintenance- Yes: No: Number of years experience:
<b>REFERENCES</b> : (Do NOT include persons who you are related to or who you have been employed by)

NAME:
RELATIONSHIP:
TELEPHONE NUMBER:
NAME:
RELATIONSHIP:
TELEPHONE NUMBER:
NAME:
RELATIONSHIP:
TELEPHONE NUMBER:

I certify that this application has been completed by me, and that all entries on it, and information in it are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my criminal, employment, consumer or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

In the event of employment, I understand and agree 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 company and that the job I am being considered for is to be with a three month trial basis and that the position is for no definite period and may be terminated at any time without prior notice or penalty to Q-Services and Consultants, Inc.

Q-Services and Consultants, Inc. does not discriminate against employees or applicants for employment based upon race, color, religion, sex, national origin, age or disability. The company will make any reasonable effort to ensure that all applicants and employees will receive equal opportunity in personnel matters, including recruiting, selection, training, placement, promotion, wages and benefits, transfers, terminations, and working conditions.

# If you are applying for a position that involves driving a company vehicle you will be required to obtain a copy of your Driving Record at the Drivers License office located in your state

Q-Services and Consultants, Inc. is a Drug-Free Workplace. All applicants are subject to random drug screenings if employed.

Applicant Signature

Date

#### RELEASE AND AUTHORIZATION TO OBTAIN CONSUMER AND/OR INVESTIGATE CONSUMER REPORT

I, the undersigned, hereby consent, authorize and release **Q-SERVICES AND CONSULTANTS, INC.**, its affiliated companies, its subcontractors, and/or its agents (collectively, herein after referred to as the "Company") to procure consumer reports on me including, but not limited to information concerning my character and general reputation. These reports may be obtained through, but not limited to the following sources: motor vehicle reports, social number verifications, present and former addresses, criminal and civil history/records, and any other public records.

I hereby release any and all persons, business entities, third party agencies, and governmental agencies providing information, whether public or private, from any and all liability, claims and/or demands, by me, my heirs or others making such claim or demand on my behalf for providing consumer report(s) and/or investigate consumer report(s) authorized therein.

Further, if I am selected as an employee, or an employee of an independent contractor, for the Company, I understand and authorize the periodic investigations may be requested for the duration of my association with the Company. I understand that this release and authorization shall remain in effect for the duration of my association with the company. Additionally, I hereby authorize the Company to investigate and incidents of workplace misconduct made against or involving me both during and after the term of my association with the Company.

I understand and agree that any information provided by me that is found to be false, incomplete or misrepresented in any respect in the Company's sole judgment, will be cause to cancel further consideration of my application for employment and/or contracting services whenever such discrepancies are discovered. Further, I understand that by requesting this information that no promise of employment is being made. I am willing that a photocopy of this authorization will be accepted with the same authority as the original.

## I HEREBY CERTIFY THAT THIS FORM WAS COMPLETED BY ME, AND THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT AS OF THE DATE HEREOF.

Signature:			Date:	
Please Print:				
Name: First	Middle	Last	*Date of Birth:	
Drivers License #	:		Issuing State:	
Daytime Phone N	lumber:			
Other Names Use	ed (alias, maiden, nickname):			
Current Address:	Street Number and Name	City	Stata Zin	Dates
	Street Number and Name	City	State Zip	Dates

Are you applying for a position in California, Minnesota, or Oklahoma? [ ] Yes [ ] No (If yes) Would you like a copy of any consumer reports requested sent to you? [ ] Yes [ ] No

\*Note: Date of Birth information is required for identification purposes only, and is in no manner used as qualifying for joining the Company. The Company does not discriminate on the basis of sex, religion, veteran status, age or disability.