

Application for employment

Instructions

Please answer all questions, completely and truthfully to the best of your knowledge and belief. Type or print in ink as carefully as possible. While not necessary or required, you may submit additional information by way of letter, resume or the like to supplement your answers. Please answer all questions completely and accurately.

Note:

This application form is intended for use in evaluating your qualifications for employment. **This is not an employment contract.** All applications will receive consideration without discrimination based on sex, marital status, race, age, color, religion, creed, national origin, sexual orientation or disability. The testing of job related skills would be required prior to employment.

This information provided by you on this application will be verified. False or misleading statements on this form or during the application process are grounds for disqualification in the application process, or, if discovered after employment, termination of employment.

All information which you provide in this application will be maintained in a confidential manner and will be disclosed only to those clients of the company with whom you seek employment.



40 East Ninth Street, Suite 1406, Chicago, Illinois 60605-2149
 mail@Q-jin.com Phone: (312) 588-1091 Fax: (312) 588-0284

Date _____ Social Security Number _____

Position applying for _____

Personal Information:

Last Name _____ First _____ Middle _____
 Daytime Phone _____ Home Phone _____ Cell Phone _____

Present address:

Street _____ How Long Lived? _____
 City _____ State _____ Zip _____ Country _____

Previous address:

Street _____ How Long Lived? _____
 City _____ State _____ Zip _____ Country _____

Other previous states and countries of residence for the last 7 years from the date of this application. How Long Lived? _____

Street _____
 City _____ State _____ Zip _____ Country _____

Have you used any names or Social Security Numbers other than those in this application? Yes No
 If so, please provide here. _____

Have you ever been convicted of a felony? Yes No
 If so, please describe below: (Note: Applicant is not required to disclose sealed or expunged records of conviction)

	Incident	City & State	Charge	Date
1				
2				

Educations:

Name of School	City & States	Countries	Graduated	Degree or Certificate
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please list any other skill, licenses or certificates that may be job related or that you feel would be of value to this job or company.

Languages:

	Languages	Speak	Read	Write
1		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
2		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
3		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
4		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

Driver's License:

Do you have a valid driver's license? Yes No If yes, Driver's license number & State _____
 Have you had any moving violation? Yes No
 If yes, please describe and provide dates. _____

Additional Information:

Please add any other information you believe would be relevant to consideration of your application



Work Experiences:

Your application will not be considered unless ALL questions in this section are answered. Since we will make every effort to contact previous employers, it is critical that you provide the correct telephone numbers.

Most recent employer:

Company Name _____ City & State _____ Phone _____
Dates Employed from _____ To _____ Job Title _____ Supervisor's Name _____
Salary _____ Reason for leaving _____
Are you currently working for this employer? Yes No If yes, may we contact? Yes No

Second most recent employer:

Company Name _____ City & State _____ Phone _____
Dates Employed from _____ To _____ Job Title _____ Supervisor's Name _____
Salary _____ Reason for leaving _____
Are you currently working for this employer? Yes No If yes, may we contact? Yes No

Third most recent employer:

Company Name _____ City & State _____ Phone _____
Dates Employed from _____ To _____ Job Title _____ Supervisor's Name _____
Salary _____ Reason for leaving _____
Are you currently working for this employer? Yes No If yes, may we contact? Yes No

Forth most recent employer:

Company Name _____ City & State _____ Phone _____
Dates Employed from _____ To _____ Job Title _____ Supervisor's Name _____
Salary _____ Reason for leaving _____
Are you currently working for this employer? Yes No If yes, may we contact? Yes No

Military Experience:

Have you ever served in the Armed Forces of the United States? Yes No Date From _____ To _____
Branch _____ Duties Performed _____
Rank _____ Military Occupation _____

References:

Individuals qualified to give an assessment of your ability and experience. (Example: Your Employers or Supervisors):

1
Name _____ Relationship _____ Employer _____ Position _____
Phone 1 _____ Phone 2 _____ E-mail _____

2
Name _____ Relationship _____ Employer _____ Position _____
Phone 1 _____ Phone 2 _____ E-mail _____

3
Name _____ Relationship _____ Employer _____ Position _____
Phone 1 _____ Phone 2 _____ E-mail _____

4
Name _____ Relationship _____ Employer _____ Position _____
Phone 1 _____ Phone 2 _____ E-mail _____

5
Name _____ Relationship _____ Employer _____ Position _____
Phone 1 _____ Phone 2 _____ E-mail _____



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Emergency Contacts:

In the event of an emergency, the company will need to know who to contact. (Example: Your Family, Spouse, Parents, or Relatives)

In USA:

Last Name First Middle
Relationship E-mail
Daytime Phone Home Phone Cell Phone
Street
City State Zip Country USA

Your Home Country 1:

Last Name First Middle
Relationship E-mail
Daytime Phone Home Phone Cell Phone
Street
City State Zip Country

Your Home Country 2:

Last Name First Middle
Relationship E-mail
Daytime Phone Home Phone Cell Phone
Street
City State Zip Country

Other Questions:

Are you employed now? Yes No Are you on layoff and subject to recall? Yes No
Are you authorized to work in the U.S.? (Proof will be required prior to employment) Yes No
Will you now or in the future require sponsorship for employment-based immigration status (i.e., H-1B status)? Yes No
Can you perform the essential functions of the job for which you are applying with or without reasonable accommodation? Yes No
When are you available to start?

Agreement:

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me and the statements made by me are correct 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 termination at any time during my employment.

I understand that the information provided on this application will be verified. I authorize the company and/or agents, including consumer reporting bureaus, to verify any of this information including, but not limited to, criminal history, motor vehicle driving records, educational record and previous employment. I authorize all persons, schools, companies, and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. All expense supported by Q-jin and its client during the candidate's application process will be returned in the full amount, held responsible by the candidate using false or misleading information, and furthermore, candidates using any fraudulent information may also be prosecuted in the court of law for further damages inflicted upon both Q-jin and its client.

I also understand that the use of alcohol and illegal drugs is prohibited during employment. Pursuant to company policy, I am willing to submit to a drug screen to detect the use of such substances prior to and during employment.

I certify that my sole intent in making application to this company is to obtain employment and I further certify that I am not making application for the intention of gathering information on the company's policies or procedures. By my signature below, I agree not to disclose to any source the names of Q-jin's clients, or the name of any company I may learn about through Q-jin's services, unless an offer of employment by said company or client is accepted by me, and under no circumstances will I disclose such information to any other recruiting service or employment placement company.

Neither this application nor any statements made to me by representatives of the company constitute a contract of employment.

Signature Date

The Source: Personnel Information Service

3035 Kashiwa Street, Suite 101, Torrance, California 90505-4008 Phone: (310) 534-9900

Employment Release Form

In connection with my application with the prospective employer listed below, I understand that background information verifications may be conducted for the permissible purpose of Employment Screening by The Source on that prospective employer's behalf. I understand that these verifications may include, but are not limited to, Consumer Credit Reports specifically designed for employment purposes, criminal history, civil cases in which I have been a principal, driving records, Worker's Compensation claims, previous employment history, educational history (including Grade Point Average), and other public records. I further understand that The Source may contact any previous employer, references, schools, government agencies or other entities for the purpose of verifying the information I have provided on my employment application.

I authorize, without reservation, any party or agency contacted by The Source on behalf of the prospective employer listed below to furnish the above mentioned information. I have read this entire document, and I understand that by signing I am releasing all those parties from any and all liability. Furthermore, I agree to indemnify and hold blameless both The Source and the prospective employer harmless from and against any and all claims, demands, or liabilities, including court costs and attorney's fees. By my signature I am also voluntarily agreeing to all these conditions and giving my permission to perform this background verification.

I would like a copy of my report to be provided to me by this potential employer (CA Residents only)

Please Print Clearly!

Name _____

AKA/Maiden Name _____ **Date of Birth** _____

Social Security No. _____

Driver's License No. _____ **State Issued** _____

Current Address _____

City, State & Zip _____

Prospective Employer _____

Applicant's Signature _____ **Date** _____

You have a right to request information regarding the nature and scope of any background verifications done on behalf of the prospective employer. In the event that adverse action is taken as a result of information you believe to be erroneous, you must inform the prospective employer within sixty (60) days of the time that the report is tendered to the prospective employer. You will be provided with a copy of the disputed information and a method of contacting The Source.