Qualitel Corporation	Application Date: Position/ Job Title		
	When can you Start?	Salary Desired - \$/HOUR: (THIS IS REQUIRED)	
11831 Beverly Park Rd., Bldg. A Everett, WA 98204 425-423-8388 • Fax 425-423-8398	Shift: $1^{st}$ (6am-2:30 pm) $2^{nd}$ (3:00 pm -11:30 pm) Monday - Eriday		Full Time
EMPLOYMENT APPLICATION	Have you ever applied for employment with this company before? Yes No If yes, when? How did you hear about us? Website Referral Other		

This company is an equal opportunity employer and will not discriminate in the hiring process on the basis of sex, religion, race, color, age, national origin, ancestry or handicap.

## PERSONAL INFORMATION

Last Name	e	Fir	st		Middle
Street Add	dress			Home or Cel	1 Phone Number
City, State	e, Zip			E-mail Addre	ess
Are you 1	8 years of age or older	? 🗌 Yes 🗌 No 🛛 Are yo	ou legally eligib	le for employment i	n the U.S? 🗌 Yes 🗌 No
School	Name/Location	Course / Study	# Yrs. D	id you Graduate?	Degree / Diploma/ Grade
High				Yes No	
Trade				Yes No	
College				Yes No	
Other				Yes No	
Other spec	cial training or skills (l	anguages, machine opera	ation, etc.)		
EMPLO	YMENT HISTORY	Y (list below last three	e employers, s	starting with last	one)
Company	y Name		Emp From	loyed (state Month To	and Year)
City/State	e/Phone		Reas	on for Leaving	
State Job	Title and Describe	Your Work			
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Rights Reserve		Rev F	syment reprication		Page 1 of 2

Company Name	Employed (state Month and Year) From To
City/State/Phone	Reason for Leaving
State Job Title and Describe Your Work	
Company Name	Employed (state Month and Year)
	From To
City/State/Phone	Reason for Leaving
State Job Title and Describe Your Work	

## **REFERENCES** (PLEASE DO NOT LIST RELATIVES, PREFERABLY EMPLOYERS LISTED ABOVE)

Name/Title/Relationship	Company (optional)	Phone #	Years
			Known

Please list any relatives and or friends currently working with us:

## I certify that all information given above is true and complete to the best of my knowledge. Yes

I understand that information contained in my job application may be utilized for the purposes of obtaining and/or verifying information about me, including but not limited to; criminal background checks, motor vehicle reports, and accrediting institution records. I hereby authorize Qualitel Corporation to conduct these inquiries, and authorize any entities receiving such inquiries to release the lawfully requested information.

I authorize reference and background checks Yes

 Signature \_\_\_\_\_\_
 Name (print) \_\_\_\_\_

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