

QPL INC

Employment Application



APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail	Social Security No.	
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

PREVIOUS EMPLOYMENT	
Company	Phone ()
Address	Supervisor
Company	Phone ()
Address	Supervisor

REFERENCES	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

QUALIFYING SKILLS

Fill out the information and e-mail to either ncopeland@qplinc.com or florezno@qplinc.com
 Or
 Fill out the information, print it, and fax it to QPL INC at 504-341-1321