

10989 Red Run Blvd #200, Owings Mills MD 21117 Tel: 443-660-9870/71 Fax: 443-660-9472

## <u>APPLICATION FOR EMPLOYMENT</u>

Quantum Leap, Inc: All Applicants will be treated equally without regard to age, color, sex, religion, race, marital status, handicap or social status.

This company observes a strict fragrance-free policy! Hence, a zero-tolerance for all fragrances including perfumes. Applicants/Employees who violate this policy at any time during the application process or thereafter, will have their applications immediately discarded and job offers terminated immediately without a possibility of redress. This policy remains in effect during your entire time of employment.

All sections must be completed. Incomplete	e applications will NOT be processed.
PERSONAL INFORMATION	
Name: Last Fi	irst M.I. SSN
Home Address:	
Cell Phone:	Home Telephone: Other Phone:
How did you hear about this position	Salary Required:
□ Advertisement	
□ Referred: (By):	Select one below
	Full Driver's License [] Provisional [] No Driver's License []
Have you ever been employed by QLI?	Position Desired: Day Program Assistant
[] Yes	
[] No	Shifts Available:
If was Whan?	[] 7am-3pm [] 8am-4pm [] 9am-5pm
If yes, When?	[] 7am-3pm [] 8am-4pm [] 9am-5pm
Do you have relatives employed by QLI?	-
[] Yes [] No	Start Date:
If yes, give name and relationship:	
7, 6	

FMPI OVMENT	AUTHORIZATION				
Under the Immigration Law, employers must verify that all new employees are eligible to work in the USA. If an employment offer is made, each employee must provide documents that establish identity and employment eligibility					
Are you a citizen of the United States of America? Are you a permanent resident of the United States of America?			[] Yes [] Yes	[] No [] No	
If NOT, are you authorized by the INS to work in the United States of America?		the	[] Yes	[] No	
LICENSE & CE	LICENSE & CERTIFICATION				
Current Profession	nal License / Certification: (1) (2)	(3)			
Type					
State					
Number					
Expiration Date					
EDUCATION					
SCHOOLS	Name/ Location	Degree	Major	Grade Point	
College University					
Vocational Technical					
High School					

PROFESSIONAL REFERENCES	
Please list three individuals other than friends & r	relatives that we can contact verify your professional
qualifications	
<ol> <li>Name:</li> <li>Organization:</li> <li>Business Telephone:</li> </ol>	Title: Relationship: Business Telephone:
<ul><li>1 Name:</li><li>2. Organization:</li><li>3. Business Telephone:</li></ul>	Title: Relationship: Business Telephone:
1 Name:	Title:
2. Organization:	Relationship:
3. Business Telephone:	Business Telephone:
A. Do you have any physical or mental conditions     Of work? [] Yes [] No	s that prevent you from performing certain kinds
If your answer is "yes", please explain	
B. In the past five (5) years, have you had any sic Kinds of work? [] Yes [] No	kness that prevent you from performing certain
If your answer is "yes", please explain	

EMPLOYMENT	
May we contact your present employer [] Yes	[] No
Please list your past & present employment starting wi	th the most recent
Employer:	Position Held:
Address:	
	Job Description:
Supervisor:	
Telephone:	
	Status: [] Full Time [] Part time
Dates of Employment (Month & Year)	[] Substitute [] Contractor
From To	
	Reason for Leaving:
Salary / wages:	
Start_\$ End / Current \$	
D. I	D. W. H.H.
Employer:	Position Held:
Address:	III De la companya di managara
<del></del>	Job Description:
Companies	
Supervisor:	
Telephone:	Ctatura, [] Eull Time
Dates of Employment (Month & Veen)	Status: [] Full Time [] Part time
Dates of Employment (Month & Year)	[] Substitute [] Contractor
From To	Passan for Lagying
Cology / wo goes	Reason for Leaving:
Salary / wages: Start End / Current	
Start End / Current	

Employer:	Position Held:	
Address:		
Supervisor: Telephone:  Dates of Employment (Month & Year) From To  Salary / wages: Start End / Current	Status: [] Full Time [] Substitute  Reason for Leaving:	[] Part time [] Contractor
BACKGROUND CHECK		
Have you ever been convicted of a crime? [] Y If "Yes", When, Where and the reason for the co		

I Authorize Quantum Leap, Inc to verify all information that I have provided. I agree that any misrepresentation or omission of the facts called for herein will be sufficient cause for immediate termination.			
Applicant's Name:	Date:		
Applicant's Signature:			
Applicant's Signature	-		
For Office	Use Only		
T	D 4		
Interviewer:	Date:		
Hire Date:			
Pay Rate/Salary:			

## <u>PINKERTON CONSULTING & INVESTIGATIONS</u> AUTHORIZATION FOR RELEASE OF INFORMATION

In connection with my application for employment, I authorize Pinkerton Consulting & Investigation services and their respective

agents, to solicit information about my criminal background, credit, social security, driving, employment, academic, and general

public records history.

I AUTHORIZE WITHOUT RESERVATION; ANY GOVERNMENT AGENCY CONTACTED BY PINKERTON CONSULTING AND INVESTIGATIONSOR THEIR RESPECTIVE AGENTS, TO FURNISH THE ABOVE REFERENCED INFORMATION.

I release Pinkerton Consulting & Investigations, their respective employees, agents and government agencies providing information

or reports about me from any and all liability arising out of the release of any such information or reports.

NAME (Print)			
	t) (Middle) luding Maiden names)	(Last)	
CURRENT ADDRESS			
COUNTY	CITY	STATE	
ZIP CODE	NUMBER OF YEAR	RS AT THIS ADDRESS	
PRIOR ADDRESS			
COUNTY	CITY	STATE	
ZIP CODE	NUMBER OF YEA	ARS AT THIS ADDRESS	
TELEPHONE NUMBER		DATE OF BIRT	ГН
DRIVERS LICENSE #		STATE OF I	SSUE
EXPIRATION DATE	SOCIAL SECURITY NUMBER		
NAME OF MOST RECENT	EMPLOYER		
ADDRESS			
COUNTY	CIT	YS	STATE
ZIP CODE	_# OF YEARS EMPLOYED A	AT THIS ADDRESS	
SIGNATURE		DATE	
(If completed	l electronically, type full name in	n lieu of signature)	
WITNESS			