



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

APPLICATION FOR EMPLOYMENT

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 applications will NOT be processed.				
PERSONAL INFORMATION				
Name:	Last	First	M.I.	SSN
Home Address:				
Cell Phone:		Home Telephone:		Other Phone:
How did you hear about this position <input type="checkbox"/> Advertisement <input type="checkbox"/> Referred: (By) :		Salary Required: Select one below Full Driver's License <input type="checkbox"/> Provisional <input type="checkbox"/> No Driver's License <input type="checkbox"/>		
Have you ever been employed by QLI? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, When?		Position Desired: Day Program Assistant Shifts Available: <input type="checkbox"/> 7am-3pm <input type="checkbox"/> 8am-4pm <input type="checkbox"/> 9am-5pm		
Do you have relatives employed by QLI? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give name and relationship:		Start Date:		

EMPLOYMENT 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? ☐ Yes ☐ No

Are you a permanent resident of the United States of America? ☐ Yes ☐ No

If NOT, are you authorized by the INS to work in the United States of America? ☐ Yes ☐ No

LICENSE & CERTIFICATION

Current Professional 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 & relatives that we can contact verify your professional qualifications

1. Name: _____
2. Organization: _____
3. Business Telephone: _____

Title: _____
 Relationship: _____
 Business Telephone: _____

- 1 Name: _____
2. Organization: _____
3. Business Telephone: _____

Title: _____
 Relationship: _____
 Business Telephone: _____

- 1 Name: _____
2. Organization: _____
3. Business Telephone: _____

Title: _____
 Relationship: _____
 Business Telephone: _____

ADDITIONAL COMMENTS:

MEDICAL

- A. Do you have any physical or mental conditions that prevent you from performing certain kinds Of work? ☐ Yes ☐ No

If your answer is “yes”, please explain _____

- B. In the past five (5) years, have you had any sickness that prevent you from performing certain Kinds of work? ☐ Yes ☐ No

If your answer is “yes”, please explain _____

EMPLOYMENTMay we contact your present employer ☐ Yes ☐ No

Please list your past & present employment starting with the most recent

Employer: _____ Address: _____ _____ Supervisor: _____ Telephone: _____ Dates of Employment (Month & Year) From _____ To _____ Salary / wages: Start_\$ _____ End / Current \$ _____	Position Held: _____ Job Description: _____ _____ _____ Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part time <input type="checkbox"/> Substitute <input type="checkbox"/> Contractor Reason for Leaving: _____ _____ _____
Employer: _____ Address: _____ _____ Supervisor: _____ Telephone: _____ Dates of Employment (Month & Year) From _____ To _____ Salary / wages: Start _____ End / Current _____	Position Held: _____ Job Description: _____ _____ _____ Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part time <input type="checkbox"/> Substitute <input type="checkbox"/> Contractor Reason for Leaving: _____ _____ _____

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BACKGROUND CHECK

Have you ever been convicted of a crime? ☐ Yes ☐ No
If "Yes", When, Where and the reason for the conviction?

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: _____

-----For Office Use Only-----

Interviewer: _____

Date: _____

Hire Date: _____

Pay Rate/Salary: _____

