|  |  |
| --- | --- |
|  | QP Energy Services, LLC |

# Employment Application

QP Energy Services, LLC supports equal opportunity and will not discriminate, nor will the company tolerate discrimination against any applicants or employees on the basis of race, color, religion, creed, age, gender, sexual orientation, national origin, ancestry, disability, or veteran status.

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date Available: |  | Social Security No.: |  | Desired Salary: | $ |

|  |  |
| --- | --- |
| Position Applied for: |  |

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| --- | --- | --- | --- | --- | --- |
| Are you a citizen of the United States? | YES[ ]  | NO[ ]  | If no, are you authorized to work in the U.S.? | YES[ ]  | NO[ ]  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you ever worked for this company? | YES[ ]  | NO[ ]  | If yes, when? |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Have you ever been convicted of a felony? | YES[ ]  | NO[ ]  |  |

|  |  |
| --- | --- |
| If yes, explain: |  |

## Education

|  |  |  |  |
| --- | --- | --- | --- |
| High School: |  | Address: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? | YES[ ]  | NO[ ]  | Diploma: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| College: |  | Address: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? | YES[ ]  | NO[ ]  | Degree: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Other: |  | Address: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? | YES[ ]  | NO[ ]  | Degree: |  |

## References

Please list three professional references.

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |
|  |  |  |  |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |
|  |  |  |  |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |

## Previous Employment

|  |  |  |  |
| --- | --- | --- | --- |
| Company: |  | Phone: |  |
| Address: |  | Supervisor: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Job Title: |  | Starting Salary: | $ | Ending Salary: | $ |

|  |  |
| --- | --- |
| Responsibilities: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Reason for Leaving: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| May we contact your previous supervisor for a reference? | YES[ ]  | NO[ ]  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Company: |  | Phone: |  |
| Address: |  | Supervisor: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Job Title: |  | Starting Salary: | $ | Ending Salary: | $ |

|  |  |
| --- | --- |
| Responsibilities: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Reason for Leaving: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| May we contact your previous supervisor for a reference? | YES[ ]  | NO[ ]  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Company: |  | Phone: |  |
| Address: |  | Supervisor: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Job Title: |  | Starting Salary: | $ | Ending Salary: | $ |

|  |  |
| --- | --- |
| Responsibilities: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Reason for Leaving: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| May we contact your previous supervisor for a reference? | YES[ ]  | NO[ ]  |  |

## Military Service

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Branch: |  | From: |  | To: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Rank at Discharge: |  | Type of Discharge: |  |

|  |  |
| --- | --- |
| If other than honorable, explain: |  |

## Disclaimer and Signature

I certify that the facts set forth in the Employment Application are true and complete to the best of my knowledge. I understand that if I am employed by QP Energy Services, any false statements, omissions or misrepresentations may result in my dismissal. I authorize the Company to make an investigation of any of the set forth facts in the application.

I authorize the Company to make and agree to cooperate in a thorough investigation of all statements made herein and other matters relating to my background and qualifications. I understand that any investigation conducted may include a request for employment and educational history, credit reports, consumer reports, driving record and criminal history. I authorize any person, school, current and past employer, consumer-reporting agency, and any other organization or agency to provide information relevant to such investigation. I hereby release all persons and organizations requesting or supplying information pursuant to such investigation from all liability to me for doing so.

I understand that I may be required to successfully pass a drug-screening examination. I hereby consent to a pre-employment drug screen as a condition of my employment. If employed, I also agree to participate in the drug and alcohol-testing program required by the Company.

I understand that employment at QP Energy Services is “at-will”, which means that I or the company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is conducted on that basis. I understand that no supervisor or manager or executive officer of the Company, other than the Chief Executive Officer, has any authority to alter the foregoing.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |



**Drug and Alcohol Testing Consent Form**

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( Print Name), understand that QP Energy Services, LLC (the “Company”) is a drug and alcohol free workplace, and my employment is conditioned upon the successful completion of the Company selected drug and alcohol screen.

**EMPLOYEE CONSENT TO DRUG AND/OR ALCOHOL SCREENING**:

I hereby agree to submit to any drug and/or alcohol test required by the Company and to furnish a sample of my urine, breath, hair, and/or blood for analysis. I understand and agree that if I at any time refuse to submit to drug and/or alcohol scree, or if I otherwise fail to cooperate with the screening procedures, I may be denied employment.

* I further authorize and give full permission to have the Company or the Company’s contracted testing entity send the specimen or specimen so collected to a laboratory for a screening test for the presence of any prohibited substances, and for the laboratory or other testing facility to release any and all documentation relating to such test to the Company and/or to any governmental entity involved in a legal proceeding or investigation connected with the test.

Finally, I authorize the Company to disclose any documentation relating such testing and screening to any governmental entity involved in a legal proceeding or investigation connected with the information.

I hereby release and will hold harmless the Company and each of its employees, officers, physicians, testing laboratories, and other representatives the Company might use, meaning that I will not sue or hold responsible such parties for any alleged claim of harm or other damages to me that might result from such testing, or from such release of information, including without limitation, loss of employment or any other kind of adverse job action that might arise as a result of the drug and/or alcohol screen, even if the Company or any such other party makes an error in the administration or analysis of the test or the reporting of the results.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**Background Check Authorization**

This authorization and consent for release of personal information acknowledge that QP Energy Services, LLC (hereafter referred to as “Company”) and/or DISA, may now conduct investigations whether the records are of public, private or confidential nature. These investigations might include but are not limited to:

* Education verifications. \_\_\_\_\_\_\_\_ (Initial if checked)
* Consumer Credit Reports. \_\_\_\_\_\_\_\_(Initial if checked)
* Records from previous employment, including reference checks from prior employers. \_\_\_\_\_\_\_\_ (Initial if checked)
* Criminal History Information. \_\_\_\_\_\_\_\_ (Initial if checked)
* Records from previous employment, including reference checks from prior employers. \_\_\_\_\_\_\_\_ (Initial if checked)
* Motor vehicle driving records and history. \_\_\_\_\_\_\_\_ (Initial if checked)

I understand that these searched may be used to determine work assignment or employment eligibility and to verify information provided to the Company during its application and screening process. Therefore, I authorize and consent for full release of records (either orally or in writing) to the authorized Company representatives both now and if employed by the Company, throughout the duration of my employment as needed without additional consent. In addition, I release and discharge the Company and its agents and associates as well the applicable party releasing the information to the full extent permitted by law from any claims, damages, losses, liabilities, costs expenses or any other charge or complaint arising out of or related to retrieving and obtaining this information. I understand that according to the Federal Fair Credit Reporting Act, I am entitled to know whether employment was denied based upon any consumer report obtained and relied upon and I am entitled to receive, upon written request, a discourse of the background report. I understand that I may request a copy of the report from EmployeeScreenIQ, PO Box 22627, Cleveland, OH 44122. After reading this document, I fully understand its content and authorize the background verification.

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS AUTHORIZATION IS TRUE, CORRECT AND COMPLETE. I UNDERSTAND THAT IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE THAT GROUNDS FOR THE CANCELING OF ANY AND ALL OFFERS WILL EXIST AND MAY BE USED AT THE SOLE DISCRETION OF QP ENERGY SERVICES, LLC.

**Signed this\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_\_**

**Applicant (Print Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**