



106 E Edwards Street  
Erath, LA 70533

Phone: 337.937.8800  
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**APPLICATION FOR EMPLOYMENT**  
**(Application to be filled in ink.)**

THE FOLLOWING INFORMATION IS REQUESTED IN ORDER TO HELP US MAKE THE BEST POSSIBLE PLACEMENT WITHIN OUR COMPANY. ALL PORTIONS OF THIS APPLICATION PERTAINING TO YOU MUST BE COMPLETED. WE APPRECIATE THE TIME YOU SPEND FILLING OUT THIS APPLICATION FORM. THE COMPANY, IN ACCORDANCE WITH STATE AND FEDERAL LAWS, DOES NOT DISCRIMINATE ON THE BASIS OF AGE, RACE, RELIGION, SEX, COLOR, NATIONAL ORIGIN, MARITAL STATUS, PHYSICAL OR MENTAL HANDICAP, OR ARREST RECORD. WE ARE AN EQUAL OPPURTUNITY EMPLOYER.

**PERSONAL INFORMATION**

Name: \_\_\_\_\_  
Last First Middle

Phone: \_\_\_\_\_  
Home Work Cell

Address: \_\_\_\_\_  
Street City State Zip Code

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Have you ever worked under a different last name than currently used? \_\_\_\_\_ YES \_\_\_\_\_ NO  
Do you have a valid driver's license? \_\_\_\_\_ YES \_\_\_\_\_ NO  
Have you ever been convicted of a felony offense? \_\_\_\_\_ YES \_\_\_\_\_ NO

(Note: A conviction does not automatically disqualify an applicant from employment. The date, nature and seriousness of the offense will be considered in relation to specific job requirements.)

If answer is yes, indicate date(s) of conviction and type(s) of offense(s):  
\_\_\_\_\_  
\_\_\_\_\_

Are there any reasons why you would not be able to perform the essential functions of the job for which you are applying? \_\_\_\_\_ If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_



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(Exclude any organization in which the name or character of the organization indicates race, color, religion, national origin, sex, veteran status, ancestry, age, handicap, marital status, or any other classification protected by federal, state or local law.)

**Honors and Achievements**

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List any courses taken that may be applicable to the position for which you are applying:

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Use the space provided to list additional interests, skills, or qualifications that you possess that you feel qualify you for the position for which you are applying.

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**CLERICAL AND SECRETARIAL APPLICATES ONLY**

Knowledge of	Experienced	(Mark all that apply)
_____	_____	Telefacimile Machine
_____	_____	Calculating Machine
_____	_____	Computerized Word Processor
_____	_____	Computer Skills
_____	_____	Proofreading
_____	_____	Filing
_____	_____	Typing: _____ WPM
_____	_____	Inventory
_____	_____	Other: _____

**EMPLOYMENT RECORD**

(Please list experience from the past 10 years beginning with the most recent position)

The US Department of Transportation requires that driver applicants show all employment for the past three years. Effective July 1987 they must also show commercial driver employment for the seven years immediately preceding this three year period. § 391.21(b)(10),(11).

Employed by: \_\_\_\_\_

Address: \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_

Job Description: \_\_\_\_\_

Telephone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Please specify reason for leaving: \_\_\_\_\_

Salary from \_\_\_\_\_ to \_\_\_\_\_ May we contact them for reference \_\_\_\_ YES \_\_\_\_ NO

Employed by: \_\_\_\_\_

Address: \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_

Job Description: \_\_\_\_\_

Telephone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Please specify reason for leaving: \_\_\_\_\_

Salary from \_\_\_\_\_ to \_\_\_\_\_ May we contact them for reference \_\_\_\_ YES \_\_\_\_ NO

Employed by: \_\_\_\_\_

Address: \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_

Job Description: \_\_\_\_\_

Telephone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Please specify reason for leaving: \_\_\_\_\_

Salary from \_\_\_\_\_ to \_\_\_\_\_ May we contact them for reference \_\_\_\_ YES \_\_\_\_ NO

Employed by: \_\_\_\_\_

Address: \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_

Job Description: \_\_\_\_\_

Telephone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Please specify reason for leaving: \_\_\_\_\_

Salary from \_\_\_\_\_ to \_\_\_\_\_ May we contact them for reference \_\_\_\_ YES \_\_\_\_ NO

**CERTIFICATION**

(Read carefully. If you have any questions regarding this statement, please discuss them with personnel representative before signing.)

“I certify that the information contained in this application, and accompanying resume, if any, is true and complete to the best of my knowledge and understand that falsification, misrepresentation and/or omission of information may be grounds for refusal to hire, or, if hired, dismissal. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, training, or any other information that they may have, personal or otherwise with regard to any of the subjects covered by this application and release all such parties from all liability for any damage that may result from furnishing such information to you. I authorize you to request and receive such information unless otherwise indicated in the employment section of this application.”

Initials: \_\_\_\_\_

“In the event of my employment, I agree to conform to the rules and regulations of Q-Based Healthcare and acknowledge that these rules and regulations may be changed, interpreted, withdrawn, or added to by Q-Based Healthcare at any time. I understand that this application will be given every consideration by its receipt, but does not imply that I will be employed. I understand that this employment application and any other Q-Based Healthcare documents are not contracts for employment. My employment and compensation can be terminated at any time with or without cause and with or without notice, at the option of Q-Based Healthcare. or myself.”

Initials: \_\_\_\_\_

“I understand that Q-Based Healthcare can require me to undergo a drug test by medical staff and/or agent authorized by Q-Based Healthcare as a condition of my employment and continued employment. I further understand that I must successfully pass the drug test to be considered for employment with Q-Based Healthcare I understand that medical examinations which are job-related and consistent with business necessities may be required of me once I am employed. I further release Q-Based Healthcare including all of its officers, agents, representatives and employees from any and all claims, suits, causes of action, liability and damages associated with or arising from my submission to a drug test and/or medical examination. I also understand that Q-Based Healthcare may enforce a restricted smoking environment.”

Initials: \_\_\_\_\_

Applicant hereby represents and warrants to Q-Based Healthcare that (i) he/she is not a party to or otherwise subject to an employment agreement, non compete agreement, whether written or oral, or other limitation, restriction or obligation that would prevent Applicant from accepting a position with Q-Based Healthcare and its subsidiaries; (ii) he/she is not appropriating, taking or bringing from his/her former employer or other entity any trade secrets or other proprietary, confidential information concerning his/her former employer, or other entity, and its respective operations, including, without limitation, customer’s lists, patents, trademarks and other similar matters, and (iii) to his/her knowledge, he/she is free to accept or reject the applied for position and he/she has not been coerced or otherwise persuaded to accept or reject the applied for position.

Initials: \_\_\_\_\_

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date

**Note: Application will be kept on file for 30 days.**

**FOR OFFICE USE ONLY**

Position Title: \_\_\_\_\_ Date Employed: \_\_\_\_\_

Salary: Hourly: \_\_\_\_\_ Job Code: \_\_\_\_\_  
Daily: \_\_\_\_\_  
Monthly: \_\_\_\_\_

Department: \_\_\_\_\_ Cost Center Code: \_\_\_\_\_

Review Date: \_\_\_\_\_

Range: \_\_\_\_\_ Mid Point: \_\_\_\_\_

Recommended by: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor

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

Manger

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Personnel

