



# QUARTZDYNE EMPLOYMENT APPLICATION

4334 W. Links Drive, Salt Lake City, UT 84120

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www.quartzdyne.com

*Quartzdyne is an Equal Opportunity Employer. Applicants for all job openings will be considered without regard to age, race, color, religion, sex, national origin, sexual orientation, marital status, pregnancy or childbirth, disability, medical condition, veteran status or any other consideration made unlawful under any federal, state or local laws.*

*In accordance to Utah Code §§ 34-46-101 to 302, applicant information is limited to hiring and employment purposes. Applicant information will not be retained for longer than two years after the day received, unless applicant is hired. Applicant information will be safely secured until properly disposed of. Applicant may, upon request, review Quartzdyne's Applicant Information Policy, before being required to provide information as part of the initial selection process.*

**Complete this application in its entirety. Quartzdyne will only consider information contained on the application or supplemental materials specifically requested for this recruitment to determine your qualifications for the position in which you are applying. Incomplete or illegible applications may be disqualified. Documents submitted will not be returned.**

<b>POSITION APPLIED FOR:</b>	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Date
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## INFORMATION

Last Name		First Name		Middle
Street Address				
City	State	ZIP		
Home Phone	Cell Phone		Email Address	
Date Available to Work	Pay Expected		Will you work overtime if asked? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever worked for this company? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when?				

## EDUCATION

<b>HIGH SCHOOL:</b>						
Name & Location of School			Received: Diploma <input type="checkbox"/> Other (Specify) <input type="checkbox"/> _____ None <input type="checkbox"/>			
Your name, if different while attending school: _____						
<b>COLLEGE, UNIVERSITY, OR PROFESSIONAL SCHOOL (Transcripts May be Required)</b>						
Name of School	Location	Dates of Attendance		Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Major / Minor Course of Study	Type of Degree Earned
		From	To			
				Yes <input type="checkbox"/> No <input type="checkbox"/>		
				Yes <input type="checkbox"/> No <input type="checkbox"/>		
				Yes <input type="checkbox"/> No <input type="checkbox"/>		
				Yes <input type="checkbox"/> No <input type="checkbox"/>		
Your name, if different while attending school: _____						

# LICENSURE, CERTIFICATIONS Examples: RN, PE, PHR, CPA

License or Certification	Number	Date Received	Expiration Date	State Licensing Agency

## PREVIOUS EMPLOYMENT

Name of Employer: \_\_\_\_\_ Phone No.: \_(\_\_\_\_\_)\_\_\_\_\_

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

Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Hours Per Week: \_\_\_\_\_ (\_\_\_\_\_  
Month Day Year Month Day Year Your Name if Different During Employment)

Reason for Leaving: \_\_\_\_\_

May we contact your previous employer? Yes  No

Name of Employer: \_\_\_\_\_ Phone No.: \_(\_\_\_\_\_)\_\_\_\_\_

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

Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Hours Per Week: \_\_\_\_\_ (\_\_\_\_\_  
Month Day Year Month Day Year Your Name if Different During Employment)

Reason for Leaving: \_\_\_\_\_

May we contact your previous employer? Yes  No

Name of Employer: \_\_\_\_\_ Phone No.: \_(\_\_\_\_\_)\_\_\_\_\_

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

Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Hours Per Week: \_\_\_\_\_ (\_\_\_\_\_  
Month Day Year Month Day Year Your Name if Different During Employment)

Reason for Leaving: \_\_\_\_\_

May we contact your previous employer? Yes  No

Name of Employer: \_\_\_\_\_ Phone No.: \_(\_\_\_\_\_)\_\_\_\_\_

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

Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Hours Per Week: \_\_\_\_\_ (\_\_\_\_\_  
Month Day Year Month Day Year Your Name if Different During Employment)

Reason for Leaving: \_\_\_\_\_

May we contact your previous employer? Yes  No

## MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

## BACKGROUND INFORMATION

Have you ever been convicted of a felony or a first degree misdemeanor? Yes  No

If "Yes", what charges? \_\_\_\_\_

Where convicted? \_\_\_\_\_ Date of Conviction: \_\_\_\_\_

**NOTE:** A "Yes" answer to these questions will not automatically bar you from employment. The nature, job-relatedness, severity and date of the offense in relation to the position for which you are applying are considered.

## CITIZENSHIP

Quartzdyne, Inc. hires only U.S. citizens and lawfully authorized alien workers. If a conditional offer of employment is made, you will be required to provide identification and proof of citizenship or authorization to work in the U.S.

Are you a U.S. citizen or are you legally authorized to work in the U.S.? Yes  No

## REFERENCES List individuals familiar with your job qualifications (no relatives).

Name	Phone Numbers	Place of Employment / Title	How Long known?	Relationship

## CERTIFICATION

It is understood and agreed that the foregoing is true to the best of my knowledge, and that my falsification of this application will be grounds for elimination from further consideration or if employed by Quartzdyne, for dismissal. I authorize Quartzdyne to solicit information regarding my character, general reputation, credit, previous employment, and similar background information, and to contact any and all references I have given on my application. I release all parties and persons connected with any such request for information from all claims, liabilities, and damages that may arise out of the furnishing of such information. If employed, I release Quartzdyne from any liability for future references it may provide regarding my work history at the firm.

I understand that this document is an application for employment and not an offer of employment.

I understand that upon receiving a job offer, a drug screening will be required.

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