



250 Turnbull Canyon Road, City of Industry, CA 91745

Telephone (626)333-5858

Fax (626)363-2880

		Date _____	
Last Name _____		First Name _____	Middle _____
Social Security _____		Drivers License _____	
<b>Current Address</b>			
No. & Street _____		City _____	State _____ Zip _____ Zip _____
Home Tele# _____	Work # _____	Cell# _____	E-mail address _____
<b>Employment Desired</b>			
Position Applying for _____		Hourly Desired \$ _____	
Are you applying for a <input type="checkbox"/> full or <input type="checkbox"/> part		time position?	
If part time, what days and hours would you be available _____			
Would you be able to work overtime if necessary? .....		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If hired, on what date would you be available? _____			
<b>Personal Information</b>			
Have you ever applied or worked for Quest Components before .....		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, when? _____		What position? _____	
Do you have any friends or relatives working here? .....		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, state name(s) and relationship: _____			
Quest Components Requires a Drug Test Prior to Employment. Can you pass a Drug Test?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If hired, would you have a reliable means of transportation to and from work.....		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you at least 18 years old? (If under 18, hire is subject to verification that you are of .....		<input type="checkbox"/> Yes	<input type="checkbox"/> No
minimum legal age)			
If hired, can you present evidence of your U.S. citizenship or proof of your legal right .....		<input type="checkbox"/> Yes	<input type="checkbox"/> No
to live and work in this country?			
Are you able to perform the essential functions of the job for which you are applying,.....		<input type="checkbox"/> Yes	<input type="checkbox"/> No
either with or without reasonable accomodation?			
If no, describe the functions that cannot be performed: _____			
<small>(Note: we comply with the ADA and consider reasonable accomodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination and skill and agility tests.)</small>			
Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? .....		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, state nature of the crime(s), when and where convicted and disposition of the case. _____			
<small>(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense the date of the offense the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)</small>			

Are you currently employed .....  Yes  No  
 If so, may we contact your current employer? .....  Yes  No

**Educational and Training Background**

	Name & Location	Years Completed	Graduate? yes or no	Course of Study
High School				
College				
Other				

**Employment History**

List below all present and past employment starting with your most recent employer (last 5 years is sufficient)  
 Account for all periods of unemployment and any part time positions that would be considered applicable to the position you are applying for.

Employer \_\_\_\_\_ Telephone # \_\_\_\_\_

Type of Business \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

No. & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates of employment \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ Hourly Pay: \$ \_\_\_\_\_ Starting \_\_\_\_\_ Ending \_\_\_\_\_

Your position and duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

May we contact this employer for a reference? .....  Yes  No

Employer \_\_\_\_\_ Telephone # \_\_\_\_\_

Type of Business \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

No. & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates of employment \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ Hourly Pay: \$ \_\_\_\_\_ Starting \_\_\_\_\_ Ending \_\_\_\_\_

Your position and duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

May we contact this employer for a reference? .....  Yes  No

Employer _____		Telephone # _____	
Type of Business _____		Your Supervisor's Name _____	
No. & Street _____	City _____	State _____	Zip _____
Dates of employment _____	_____ from _____ to _____	Hourly Pay: \$ _____	Starting _____ Ending _____
Your position and duties _____			
Reason for leaving _____			
May we contact this employer for a reference? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer _____		Telephone # _____	
Type of Business _____		Your Supervisor's Name _____	
No. & Street _____	City _____	State _____	Zip _____
Dates of employment _____	_____ from _____ to _____	Hourly Pay: \$ _____	Starting _____ Ending _____
Your position and duties _____			
Reason for leaving _____			
May we contact this employer for a reference? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>References</b>			
List below three persons not related to you who have knowledge of your work performance within the last three years:			
First Name _____	Last Name _____	Telephone # _____	
No. & Street _____	City _____	State _____	Zip _____ Zip _____
Occupation _____	No of years Acquainted _____		
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First Name _____	Last Name _____	Telephone # _____	
No. & Street _____	City _____	State _____	Zip _____ Zip _____
Occupation _____	No of years Acquainted _____		

**References - con't**

First Name	Last Name	Telephone #		
No. & Street	City	State	Zip	Zip
Occupation	No of years Acquainted			

**Please read carefully, Initial Each Paragraph and Sign Below**

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize the company to thoroughly investigate my references, work record, education and Initials other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

I understand that nothing contained in the application, or conveyed during any interview which may Initials be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

Applicant's Signature	Date
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