

Employment Appli	An Equal Oppo	An Equal Opportunity Employer		
Please Print below				
Date				
Last Name	First Name	Middle		
Present Address				
No. & Street	City	State	Zip	Code
Permanent Address (if o	lifferent from present address	s)		
No. & Street	City	State	Zip	Code
Cell Phone		Home Phone		
Employment Desir	ed			
Position Appling for				
Regular Full-time work	?		Yes	No
Regular Part-time work	?		Yes	No
Are you available to wo	rk on the weekends		Yes	No
Would you be available	to work overtime, if necessa	ıry	Yes	No
If hired, what date can	ou start work?			

Personal Information

How did you hear about our company and this job opening?

Have you ever applied to work at Quick Dispense beforeYesYes	No
If so, when?	
Why are applying for work at Quick Dispense?	
If hired, would you have a reliable means of transportationYesYes	No
Are you at least 18 years old? (If under18, hire is subject to verification that you are of minimum legal age)	No
Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?	No
If no, describe the functions that cannot be performed.	

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

We may refuse to hire relatives of present employees if doing so could result in actual or potential problems in supervision, security, safety, or morale or if doing so could create conflicts of interest.

Qualified applicants with arrest and conviction records will be considered for the position in accordance with this ordinance. Suggested language: "Pursuant to the San Francisco Fair Chance Ordinance, we will consider for employment qualified applicants with arrest and conviction records.").

Education, Training, and Experience

Year	Name and Address of School	No. of Years Completed	Did you Graduate	Degree or Diploma

Do you have any other experience, training, qualifications, or skills that you feel mak Quick Dispense?Yes	• • •	suited for
If so, please explain		
Answer the following questions if you are applying for a professional posi	tion:	
Are you licensed or certified for the job appliedfor	Yes	No
Name of license /certification: Issuing state: License or	certification #	
Has your license/certification ever been revoked or suspended If yes, state the reason(s), date of revocation or suspension, and date of reinstatement		No

Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). You must complete this section even if attaching a resume.

Name of Employer		Phone Number				
Type of Business		Your Supervisor's Name				
Address & Street		City		State	Zip Code	
Why did you leave?						
What did you like about your position? _						
What did you like least?						
Dates employed:	From	_// to	_//			

Name of Employer	Phone Number			
Type of Business	Your Supervisor's Name			
Address & Street	City	State	ZipCode	
Why did you leave?				
What did you like about your position?				
What did you like least?				
Dates employed: From	m// To//_			
Name of Employer	Phone Number			
Type of Business	Your Supervisor's Name			
Address & Street	City	State	ZipCode	
Why did you leave?				
What did you like about your position?				
What did you like least?				
Dates employed: From	m/ To/			
xplain any gaps in your employment, other than those	e due to personal illness, injury or disability	/		
f not addressed on previous page, have y	you ever been fired or asked to re	esign from a j	job?Yes	_No_
o what job-related organizations (profes	ssional, trade, etc.) do you belon	g?		
Organization		Offices Hel	4	

Organization	Offices Held

In your current or prior job, have you ever written instructions or directions to be followed by employees

Yes____No___Not Applicable_____

Is there any other job-related information you want us to know about you?

References

List Below three persons not related to you who have knowledge of your work performance within the last three years.

Name	Last	Phone Number	
Occupation	No. of Years Acquainted		
Name	Last	Phone Number	
Occupation	No. of Years Acquainted		
Name	Last	Phone Number	
Occupation	No. of Years Acquainted		

Please Read Carefully, Initial Each Paragraph and Sign Below

Initials 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 mere true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or 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.

Initials	I hereby authorize	Quick Dispense Inc.	to thoroughly investigate my
	otherwise specified above and all letters, reports and of such disclosure. In add corporations, partnership	e. I further, authorize the references I ha l other information related to my worl lition, I hereby release the Company, m	to my suitability for employment unless ave listed to disclose to the company any k records, without giving me prior notice by former employers and all other persons, ims, demands or liabilities arising out of or
Initials	be granted or during my	employment, if hired, is intended to c	veyed during any interview which may reate an employment contract between f Aim employed, my employment is for

me and the Company. In addition, I understand and agree that if Aim 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 mean the Company's designated representative.

Initials In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

Date

Applicant's Signature