

Employment History

Please list most recent employment first

Name of Employer			
Street Address	City	State	Zip
Telephone Number (Include Area Code)	Supervisor's Name		May we Contact? <input type="radio"/> Yes <input type="radio"/> No
Your Job Title	Employed FROM: (mo/yr) TO: (mo/yr)	Salary/Hourly Rate (optional) START: END:	
Duties			
Reason for Leaving			

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Telephone Number (Include Area Code)	Supervisor's Name		May we Contact? <input type="radio"/> Yes <input type="radio"/> No
Your Job Title	Employed FROM: (mo/yr) TO: (mo/yr)	Salary/Hourly Rate (optional) START: END:	
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Reason for Leaving			

Skills

Indicate equipment you can operate: _____

Computer/Software Skills: _____

Phone Systems: _____ Type: _____ Number of Lines: _____

Type: Yes No WPM: _____ Dictation: Yes No WPM: _____

Other Related Skills: _____

General Information

Are you legally authorized to work in the United States? Yes No

Do you have a valid Minnesota Driver's License? Yes No

Have you previously applied for employment here? Yes No If yes, when? _____

Have you previously been employed by this QCTV? Yes No If yes, when? _____

Military Service

Have you ever served in a U.S. military branch? Yes No Dates: _____ Branch: _____

Professional References

Not Current Employers or Relatives—At Least Three

NAME AND ADDRESS	OCCUPATION	PHONE

Certification & Release

I certify that I have read and understand the "Applicant Note" on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentation of the facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the QCTV and/or its agents, including consumer reporting bureaus, to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said person, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If QCTV policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Signed _____

Date _____

Release of Information Authorization

As evidence of my desire to obtain employment with QCTV, I empower you and/or your agents to retrieve information from all personnel, educational institutions, government agencies, companies, corporations, credit reporting agencies, any law enforcement agency at the federal, state, or country level, worker's compensation agencies or individuals, relating to my past activities, to supply any and all information concerning my background, and release the same from any liability resulting in providing such information. The information received may include, but is not limited to, academic, residential, achievement, job performance, attendance, litigation, personal history, credit reports, driving history, disciplinary and conviction records.

I, the undersign, hereby authorize and grant my informed consent to permit the Bureau of Criminal Apprehension (hereafter "BCA") and the Anoka County Sheriff Office (hereafter "ACSO") and/or its representatives all data classified as private which concerns me and which may be in your possession. The data, classified as private under M.S. 13.02, Subd. 12, includes all data which has been collected, created, received, retained or disseminated in whatever form which in any way related to my dealings with the BCA and/or the ACSO. I understand that the purpose of permitting QCTV to have access to this information is to determine my suitability for employment.

By signing this authorization, I hereby release the BCA and the ACSO from any and all liability which otherwise may or does accrue as a result of the release of any and all data, regardless of its accuracy. I also release the QCTV from any and all liability for its receipt and use of data received pursuant to this consent. I understand that I am not legally required to sign this form, but if I do not, QCTV will not be able to determine whether my conviction record is a job-related consideration.

I hereby certify that all the statements and answers set forth on the application form and/or my resume are true and complete to the best of my knowledge, and I understand that if subsequent to employment any such statements and/or answers are found false or that information has been omitted, such false statements or omissions will be just cause for the termination of my employment.

- No, I do not want a copy of any written background report regarding me.
- Yes, I would like a copy of any written background report regarding me.

Last Name	First Name	Middle Name
Previous Name	Date Changed	
Street Address		
City	State	Zip Code
Social Security Number	Date of Birth	
Driver's License Number	State of License	

I am willing that a photocopy of this authorization be accepted with the same authority as the original and this release expires one year after the date of origination.

Signed _____

Date _____

