

MUST BE FILLED OUT COMPLETELY

Employment Application

Date____

Name:				
	Last F:	irst	Middle	
Home Phone: (area code		Cell Phone: (area cod		
Current Address:	Street	City	State	Zip
Prior Address:	Street	City	State	Zip
Email Address:				
Applicant Note				
Employment with QCTV is any time. Likewise, the QC answer all appropriate que termination of employmen consideration without disc physical handicap, except mental/physical abilities, p	tended for use in evaluating your suitability of a sat-will, which means the employee has the extra trivial to terminate an employee vestions completely and to the best of your abilit and benefits. The QCTV is an equal oppor rimination on the basis of a person's race, columbre a reasonable, bona fide occupational quely physical condition and for the presence of drawn at the presence of drawn and the presence of drawn at the presence of drawn	right to terminate their envith or without cause, du lity. False or misleading tunity employer. All qua or, creed, national origin ualification exists. Addit	nployment, with or ring the probationar statements are grou lified applicants wil , religion, age, sex, r ional testing of job-1	without cause, at ry period. Please nds for refusal or ll receive narital status, or related skills,
Type of Work				
For which position are you	applying?	What date	can you start?	
Educational Da	ıta			
SCHOOL	PRINT NAME, NUMBER & STREET, CITY, STATE & 2 & TELEPHONE NUMBER FOR EACH SCHOOL LI		NUMBER OF YEARS COMPLETED	DEGREE, MAJOR OR TYPE OF COURSE
High School				
College				
Graduate School				
Trade, Business, Night or Correspondence				
Other				

Name of Employer

Street Address City State Zip

Telephone Number (Include Area Code)

Supervisor's Name

May we Contact?

o Yes o No

Your Job Title Employed Salary/Hourly Rate (optional) FROM: (mo/yr) TO: (mo/yr) START: END:

Duties

Reason for Leaving

Name of Employer

Street Address City State Zip

Telephone Number (Include Area Code)

Supervisor's Name

May we Contact?

o Yes o No

Your Job Title Employed Salary/Hourly Rate (optional) FROM: (mo/yr) TO: (mo/yr) START: END:

Duties

Reason for Leaving

Name of Employer

Street Address City State Zip

Telephone Number (Include Area Code)

Supervisor's Name

May we Contact?

o Yes o No

Your Job Title Employed Salary/Hourly Rate (optional)

FROM: (mo/yr) TO: (mo/yr) START: END:

Duties

Reason for Leaving

Name of Employer

Street Address City State Zip

Telephone Number (Include Area Code)

Supervisor's Name

May we Contact?

o Yes o No

Your Job Title Employed Salary/Hourly Rate (optional)

FROM: (mo/yr) TO: (mo/yr) START: END:

Duties

Reason for Leaving

Skills		
Indicate equipment you can operate:		
Computer/Software Skills:		
Phone Systems:	Туре:	Number of Lines:
Type: o Yes o No WPM:	Dictation: o Yes o No WPM:	
Other Related Skills: General Information		
Are you legally authorized to work in the Un	ited States: o Yes o No	
Do you have a valid Minnesota Driver's Licer	nse? o Yes o No	
Have you previously applied for employmen	•	
	QCTV? o Yes o No If yes, when?	
Military Service		
Have you ever served in a U.S. military branc	ch? o Yes o No Dates:	Branch:
		•
Professional References	Not C	urrent Employers or Relatives–At Least Three
NAME AND ADDRESS	OCCUPATION	PHONE
		1
Certification & Release		
and the statements made by me are complete and misrepresentation of the facts called for in this app authorize the QCTV and/or its agents, including of history and motor vehicle driving records. I authorize my background and hereby release any	true to the best of my knowledge and belief. I be belief to be be belief to be be belief to be belief to be be be belief to be be belief to be be be belief to be be be belief to be be belief to be be be belief to be be be belief to be be be be belief to be be be be be belief to be be be be be be be belief to be be be be be belief to be	the answers given by me to the foregoing questions understand that any false information, omissions or or discharge at any time during my employment. It information including, but not limited to, criminal enforcement authorities to release any information ement authorities from any liability for any damage ed during employment. If QCTV policy requires, I ent.
 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.

- o No, I do not want a copy of any written background report regarding me.
- o 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 authoriza	tion be accepted with the san	ne authority as the original an	ıd this release expires one year
after the date of origination.	-		-

Signed	Date

Social Security Number

Signature

DISCLOSURE—PREPARATION OF A CONSUMER REPORT
To process your application with QCTV, an investigative consumer report (background check) may be conducted by Verified Credentials, Inc. In accordance with the U.S. Fair Credit Reporting Act § 606, we notify you of the following: A background check report may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. Information may include, but is not limited to; employment history, education, criminal records, credit history, motor vehicle records, personal references, and any data provided on this application, or during the interview process.
I request a copy of the report. □ Yes □ No
Please read the following and, if acceptable, authorize us to order an investigative consumer report to be prepared by Verified Credentials, Inc.
AUTHORIZATIONTO PREPARE INVESTIGATIVE CONSUMER REPORT I authorize the appropriate individuals, companies, institutions or agencies to release information requested for the preparation of an investigative consumer report on me and to respond to all inquiries necessary for the same.
Legal Last Name Legal First Name Legal Middle Name
Street Address
City State Zip Code
Please list any additional addresses you have lived, worked and attended schools in during the past 7 years :
City State City State
City State City State
Other Name(s) Used and Date(s) Changed:
Drivers License Number State Issued Expiration Date Date of Birth (To be used for Background Information ID only)
I AUTHORIZE A PHOTOCOPY AND/OR AN ELECTRONIC COPY OF THIS AUTHORIZATION TO BE ACCEPTED WITH THE SAME AUTHORITY AS THE ORIGINAL AND IF EMPLOYED BY THE ABOVE NAMED COMPANY THIS AUTHORIZATION WILL REMAIN IN EFFECT THROUGHOUT MY EMPLOYMENT.

Date