



# QUALITY EQUIPMENT

www.QualityEquip.com

## EMPLOYMENT APPLICATION

All applications must be completed in their entirety and submitted to:

By email: [cobrien@qualityequip.com](mailto:cobrien@qualityequip.com) or

By mail: Human Resources  
Quality Equipment, LLC  
2214 North Main Street  
Fuquay-Varina, NC 27526

### Personal Information

Position applying for: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Salary expectations: \_\_\_\_\_ Available to work: \_\_\_\_\_

Have you ever worked for Quality Equipment, LLC or East Coast Equipment, LLC?  Yes  No

When? \_\_\_\_\_ Where? \_\_\_\_\_

Do you have a Valid Drivers' License?  Yes  No Issuing State? \_\_\_\_\_ Number? \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No Explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Educational History

	School/Location	Graduate	Years Completed	Attended	Credit Hours	Diploma/Degree Received & Year	Area of Concentration
High School or Equivalent		<input type="checkbox"/> Yes <input type="checkbox"/> No					
College		<input type="checkbox"/> Yes <input type="checkbox"/> No		From  To			
Graduate School		<input type="checkbox"/> Yes <input type="checkbox"/> No		From  To			
Other Educational Center		<input type="checkbox"/> Yes <input type="checkbox"/> No		From  To			

**Other certifications**

Please list any other certifications that may pertain to the position in which you are applying or that you feel may be beneficial to East Coast Equipment, LLC.

A) _____	B) _____
C) _____	D) _____
E) _____	F) _____
G) _____	H) _____
I) _____	J) _____

**Employment History**

Please complete this section for the past 10 years of employment; beginning with the most current and working back. Provide explanation for gap in employment. Should you need additional space, attach additional sheets of paper as necessary. Resumes are not accepted in lieu of completion.

A.

Title: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Company: \_\_\_\_\_ Name/Title of Supervisor: \_\_\_\_\_

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

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Full-Time     Part-Time    If currently employed may we contact for a reference?  Yes     No

B.

Title: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Company: \_\_\_\_\_ Name/Title of Supervisor: \_\_\_\_\_

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

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Full-Time     Part-Time    If currently employed may we contact for a reference?  Yes     No

C.  
 Title: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_  
 Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
 Company: \_\_\_\_\_ Name/Title of Supervisor: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Responsibilities: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_  
 Full-Time     Part-Time    If currently employed may we contact for a reference?  Yes  No

D.  
 Title: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_  
 Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
 Company: \_\_\_\_\_ Name/Title of Supervisor: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Responsibilities: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_  
 Full-Time     Part-Time    If currently employed may we contact for a reference?  Yes  No

**References**

Provide five character references. These should be individuals who can provide information about you on a personal level.

<u>Name</u>	<u>Address</u>	<u>Phone</u>
_____	_____	( _____ ) _____
_____	_____	( _____ ) _____
_____	_____	( _____ ) _____
_____	_____	( _____ ) _____
_____	_____	( _____ ) _____

By signing this application, I am certifying that the information provided to Quality Equipment, LLC is true, accurate, and complete to the best of my knowledge. Should Quality Equipment, LLC need to verify any of the information that I have provided, I authorize any of the aforementioned companies and or institutions to release the information to Quality Equipment, LLC representatives.

At this time, I am also signing approval for a background verification and motor vehicle verification to be completed by the Quality Equipment, LLC Human Resources Office. I agree to undergo a credit check, physical examination, and drug screening as appropriate for the position I applied.

I understand that should I falsify any information on this document, it may be grounds to dismiss me as a candidate and as an employee at later time of discovery. Quality Equipment, LLC will uphold this by the authority of GS 126-30 and GS 14-122.1. I also understand that should findings be discovered in either my credit or legal background verification these items will be reported to me at the time of discovery and it will be my responsibility to resolve any negative information.

I also understand that QualityEquipment, LLC will need information to proceed with the verifications and will contact me for that information prior to proceeding. That information will include, but may not be limited to social security number and date of birth.

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Signature

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Date