QUALITY TOOLS & SERVICES, INC.

Hammond, La.	Broussard, La.	Baton Rouge, La.
1-800-621-3891	1-866-500-2304	1-866-752-8729

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, pregnancy, marital or veteran status, or any other legally protected status.

NAME IN FULL: NAME IN FULL: (first, middle, last) Date: POSITION DESIRED:	SOCIAL SECURITY NUMBER: *DATE OF BIRTH:
CURRENT ADDRESS: CITY: _____ STATE:_____ZIP:_____	*age, sex, color, national origin, and religion are not factors in making employment decisions. PHONE NUMBER: ( )
PREVIOUS ADDRESS: CITY: _____STATE:_____ZIP:_____	ALTERNATE PHONE NUMBER: ( ) EMAIL ADDRESS:

EMERGENCY CONTACT:

NAME: _____ PHONE NUMBER:_____

DRIVERS LICENSE NUMBER: _____ STATE : _____

TYPE: (please check one)
☐ Operator ☐ Commercial Operator
☐ Class

DO YOU HAVE ANY RESTRICTIONS ON YOUR LICENSE? ☐ YES ☐ NO

IF YES, PLEASE EXPLAIN_____

VEHICLE LICENSE PLATE NUMBER:_____ YEAR:_____

MAKE: _____ MODEL:_____

CIRCLE ONE

Have you ever filed an application with us before? If yes give the date:	YES	NO
Have you ever been employed with us before? If yes give the date:	YES	NO
Are you currently employed?	YES	NO
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? Proof of citizenship or immigration will be required upon employment:	YES	NO
On what date would you be available for work?		
Are you available to work: Circle One Full-time Part-time Shift Work Temporary		
Are you currently on a "lay-off"' status & subject to recall from another company?	YES	NO
Can you travel if the job requires it?	YES	NO
Will you work overtime if asked? If no please explain:	YES	NO
Have you ever been arrested, convicted and/or adjudicated of a crime? (Convictions will not necessarily disqualify an applicant from employment) If yes please explain:	YES	NO

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EMPLOYMENT HISTORY

EXPERIENCE Give a complete record of all employment, including military, and reasons for periods unemployed during past 10 years. Start with most recent. If you have served in the armed forces attach a copy of your DD214. If you have been self-employed list up to five of your major clients.

No "see resume" responses will be accepted.

Present or most recent positions: ***MAY WE CONTACT YOUR PRESENT EMPLOYER NOW FOR REFERENCES?*** □ ***YES*** □ ***NO***

EMPLOYER	Position Held			Description of Job or Duties:
NAME	FROM		TO	
ADDRESS	SALARY STARTING		SALARY ENDING	
CITY	CHECK ONE AND STATE REASON FOR LEAVING			
STATE	Layoff	Discharge.	Resign	
CONTACT PERSON PHONE NUMBER				

EMPLOYER	Position Held			Description of Job or Duties:
NAME	FROM		TO	
ADDRESS	SALARY STARTING		SALARY ENDING	
CITY STATE	CHECK ONE AND STATE REASON FOR LEAVING			
CONTACT PERSON PHONE NUMBER	Layoff	Description of Job or Duties:	Resign	

EMPLOYER	Position Held			Description of Job or Duties:
NAME	FROM		TO	
ADDRESS	SALARY STARTING		SALARY ENDING	
CITY STATE	CHECK ONE AND STATE REASON FOR LEAVING			
CONTACT PERSON PHONE NUMBER	Layoff	Description of Job or Duties:	Resign	

EMPLOYER	Position Held			Description of Job or Duties:
NAME	FROM		TO	
ADDRESS	SALARY STARTING		SALARY ENDING	
CITY STATE	CHECK ONE AND STATE REASON FOR LEAVING			
CONTACT PERSON PHONE NUMBER	Layoff	Discharge	Resign	

EMPLOYER	Position Held			Description of Job or Duties:
NAME	FROM		TO	
ADDRESS	SALARY STARTING		SALARY ENDING	
CITY STATE	CHECK ONE AND STATE REASON FOR LEAVING			
CONTACT PERSON PHONE NUMBER	Layoff	Discharge	Resign	

NOTICE TO APPLICANTS/EMPLOYEES REGARDING CONSUMER REPORTS

A consumer report and/or an investigative consumer report including information concerning your character, employment history, general reputation, personal characteristics, police record, education, qualifications, and motor vehicle record, mode of living, and/or credit and indebtedness may be obtained in connection with your application for and continued employment with the company. A consumer report containing injury and illness records and medical information may be obtained after a tentative offer of employment has been made. Upon timely written request of the Human Resource Department of the Company, and within five days of the request, the name, address and phone number of the reporting agency and the nature and scope of the consumer report will be disclosed to you.

Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the reporting agency, a summary of your rights under the Fair Credit Reporting Act, as well as additional information on your rights under the law.

CONSENT TO OBTAINING CONSUMER REPORTS READ CAREFULLY BEFORE SIGNING

1. I have read the attached "Notice to Applicant/Employees Regarding Consumer Reports" and hereby authorize the company to obtain consumer reports and/or investigative reports as described.

2. I understand that I have the right to make a written request within a reasonable amount of time to receive additional, detailed information about the nature and scope of any investigative report or other consumer reports that are made, including the name, address and telephone number of the consumer reporting agency.

3. I hereby authorize any present or former employers, consumer reporting agencies, educational institutions, criminal justice agencies, departments of motor vehicles, public agency, financial institutions, or any other person or agency having knowledge of me to submit information or opinions about myself, including data received from other sources, I order that my employment qualifications may be evaluated. I hold said persons and/or organizations blameless and without liability for statements or opinions made regarding my character, experience or qualifications.

By my signature below, I acknowledge that I have read and understood all the above statements.

_____ _____
Name (print) Date

_____
Signature

_____
Social Security Number

LET THIS FORM AND/OR FAX OR COPY SERVE AS AN ORIGINAL

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AUTHORIZATION & RELEASE FOR THE PROCUREMENT OF A CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT

(PLEASE PRINT OR TYPE)

I, the undersigned consumer, do hereby authorize **Quality Tools & Services, Inc. ,** its affiliates and **INTREPID SECURITY GROUP, LLC (ISG)** to procure a consumer report and/or investigative consumer report on me for the purpose of employment screening or for determining continued employment. I hereby declare that the answers to the questions on this application are correct and that any misstatement or omission of fact will be sufficient cause for rejection of my application or separation should I become employed by **Quality Tools & Services, Inc.**

These above-mentioned reports may include, but are not limited to, information as to my character, general reputation, personal characteristics and mode of living, discerned through employment and education verifications; personal references; personal interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and any other public record.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to **Quality Tools & Services, Inc.**, by and through **ISG** including, but not limited to, any and all courts, public agencies, law enforcement agencies and credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I have been advised and understand that under the provisions of the Fair Credit Reporting Act, 15 U.S.C. 1681, et seq., that any person who produces or causes to be prepared an investigative consumer report on any consumer, upon written request made by the consumer within a reasonable period of time after the receipt by him/her of the disclosure required by subsection (a) (1) of section 1681d, shall make a complete and accurate disclosure of the nature and scope of the investigation requested. This disclosure shall be made in writing, mailed or otherwise delivered, to the consumer not later than five days after the date on which the request for such disclosure was received from the consumer or such report was first requested, whichever is the later. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681 et. seq. I understand that proper identification will be required and that I should direct my requests to the company listed below in order to request a copy of my consumer report.

ISG, P.O. Box 61987, Lafayette, Louisiana 70596, 866-936-7569; switchboard@intrepid-security.com

I hereby release and agree to hold harmless, **Quality Tools & Services, Inc., ISG** and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, by me, my heirs, or others making such claim or demand on my behalf, for providing a consumer report and/or investigative consumer report hereby authorized. I understand that this Authorization/Release form shall remain in effect for the duration of my employment with said Company.

Further, I certify that the information contained on this Authorization/Release form is true and correct and that my application or employment can be terminated based on any false, omitted or fraudulent information.

If applying for employment in California, Minnesota, Oklahoma or Alaska:
I would like a copy of any consumer report regarding me. □YES □ NO

Signature: _____

Legal Printed Name: _____
First Middle (full) Last Suffix

Other Names / Aliases or Maiden: _____

Social Security _____ Daytime Phone (_____)_____ Gender*_____

Driver's License _____ State of Issuance _____ Date of Birth _____

Please provide your addresses for the last (7) years. State of Birth: _____

Current Address: _____
Street City State/Zip

Former Address: _____
Street City State/Zip

Former Address: _____
Street City State/Zip

- Have you ever been arrested, convicted or adjudicated of a crime? Yes___ No___
- Have you ever been convicted in a military court martial? Yes___ No___
- Have you ever been sanctioned or had your license suspended or revoked? Yes___ No___
- Are you currently under any investigation or pending charge? Yes___ No___

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CRIMINAL HISTORY SEARCH FORM

Complete the following form. Fax to **866-848-0620** or e-mail to **switchboard@intrepid-security.com**

TO BE COMPLETED BY EMPLOYER:

Company Name _____ Division _____

Location _____

****TO BE COMPLETED BY APPLICANT:** *Please* **PRINT** *the following information:*

Applicant's FULL LEGAL Name: _____

Social Security Number (SSN): _____ - _____ - _____

Date of Birth: _____ / _____ / _____

Docket/Case Number (if known): _____

Date of Arrest: _____

Place of Arrest: _____
City State

Charge (arrested for): _____

Docket/Case Number (if known): _____

Date of Arrest: _____

Place of Arrest: _____
City State

Charge (arrested for): _____

Docket/Case Number (if known): _____

Date of Arrest: _____

Place of Arrest: _____
City State

Charge (arrested for): _____

_____ Date: _____ / _____ / _____

Signature of Applicant

P.O. Box 61987 | Lafayette, LA 70596 | Ph: 337-983-0702 | Fax: 337-981-9305
Toll Free Ph: 1-866-936-7569 | ***Toll Free Fax***: 1-866-848-0620 | www.intrepid-security.com

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