



Discover the possibilities.

APPLICATION FOR EMPLOYMENT

MAIN OFFICE: 610 SW 10TH AVE. | TOPEKA, KANSAS 66612

All bold fields must be completed
for the application to be considered.

It is the policy of this company to provide equal opportunity with regard to all terms and conditions of employment. The company complies with all federal and state laws prohibiting discrimination on the basis of race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status.

LAST NAME	FIRST NAME	MI	
CURRENT ADDRESS	CITY	STATE	ZIP
PERMANENT ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP
PREFERRED PHONE	MAY WE CONTACT YOU VIA E-MAIL? <input type="checkbox"/> NO <input type="checkbox"/> YES	IF YES, E-MAIL ADDRESS	

GENERAL INFORMATION

POSITION APPLYING FOR	DATE OF APPLICATION	
DATE YOU ARE AVAILABLE TO BEGIN WORK	EXPECTED WAGE	
APPLYING FOR WHICH LOCATION: <input type="checkbox"/> TOPEKA <input type="checkbox"/> FT. RILEY <input type="checkbox"/> LENEXA <input type="checkbox"/> PITTSBURG		
HOW DID YOU LEARN ABOUT QUEST? <input type="checkbox"/> PRINT AD <input type="checkbox"/> RADIO <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> ONLINE AD <input type="checkbox"/> FRIEND <input type="checkbox"/> RELATIVE <input type="checkbox"/> OTHER _____		
LIST NAME(S)/RELATIONSHIP(S) OF ANY RELATIVE(S) EMPLOYED BY QUEST		
WOULD YOU ACCEPT FULL TIME WORK? <input type="checkbox"/> NO <input type="checkbox"/> YES	WOULD YOU ACCEPT PART-TIME WORK? <input type="checkbox"/> NO <input type="checkbox"/> YES	
IS THERE ANY REASON THAT YOU CANNOT ATTEND WORK REGULARLY? IF YES, PLEASE EXPLAIN. <input type="checkbox"/> NO <input type="checkbox"/> YES _____		
ARE YOU AT LEAST 18 YEARS OLD AND CAN PROVIDE A WORK PERMIT, IF REQUIRED? <input type="checkbox"/> NO <input type="checkbox"/> YES		
HAVE YOU FILED AN APPLICATION WITH QUEST IN THE PAST? <input type="checkbox"/> NO <input type="checkbox"/> YES	IF YES, GIVE DATE.	IF UNDER DIFFERENT NAME, GIVE NAME.
HAVE YOU BEEN EMPLOYED BY QUEST (OR ITS PREVIOUS ENTITIES) IN THE PAST? <input type="checkbox"/> NO <input type="checkbox"/> YES	IF YES, GIVE DATE.	IF UNDER DIFFERENT NAME, GIVE NAME.
ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING (WITH OR WITHOUT REASONABLE ACCOMMODATION)? <input type="checkbox"/> NO <input type="checkbox"/> YES <i>This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later time to the extent permitted by law.</i>		
NEED MORE INFORMATION ABOUT THE JOB'S ESSENTIAL FUNCTIONS? <input type="checkbox"/> NO <input type="checkbox"/> YES		

MORE >>>

ARE YOU CURRENTLY EMPLOYED?

☐ NO ☐ YES

MAY WE CONTACT YOUR EMPLOYER?

☐ NO ☐ YES

HAVE YOU EVER BEEN FIRED OR ASKED TO RESIGN FROM A JOB? IF YES, EXPLAIN CIRCUMSTANCE.

☐ NO ☐ YES

EXPLAIN ANY GAPS IN YOUR EMPLOYMENT HISTORY.

ARE YOU LAWFULLY AUTHORIZED TO WORK IN THE UNITED STATES?

☐ NO ☐ YES *Proof of citizenship or immigration will be required upon employment.*

HAVE YOU EVER BEEN CONVICTED OF A FELONY? IF YES, PLEASE EXPLAIN.

☐ NO ☐ YES *A conviction is not an automatic bar to employment. You do not need to include records that have been sealed or expunged.*

HAVE YOU EVER HAD BOND COVERAGE MODIFIED OR REVOKED?

☐ NO ☐ YES

SPECIAL TRAINING, SKILLS, CERTIFICATIONS SUCH AS LANGUAGES, COMPUTER OR MACHINE OPERATIONS THAT WOULD BE OF BENEFIT IN THE JOB FOR WHICH YOU ARE APPLYING.

EDUCATION INFORMATION

GRAMMAR SCHOOL NAME

CITY, STATE

COURSE OF STUDY

DID YOU GRADUATE?

☐ NO ☐ YES

DEGREE OR DIPLOMA EARNED

YEARS COMPLETED

HIGH SCHOOL NAME

CITY, STATE

COURSE OF STUDY

DID YOU GRADUATE?

☐ NO ☐ YES

DEGREE OR DIPLOMA EARNED

YEARS COMPLETED

COLLEGE OR UNIVERSITY

CITY, STATE

COURSE OF STUDY

DID YOU GRADUATE?

☐ NO ☐ YES

DEGREE OR DIPLOMA EARNED

YEARS COMPLETED

[MORE >>>](#)

EDUCATION INFORMATION *Continued.*

GRADUATE SCHOOL	CITY, STATE
COURSE OF STUDY	DID YOU GRADUATE? <input type="checkbox"/> NO <input type="checkbox"/> YES
DEGREE OR DIPLOMA EARNED	YEARS COMPLETED
VOCATIONAL TRAINING/OTHER SCHOOL	CITY, STATE
COURSE OF STUDY	DID YOU GRADUATE? <input type="checkbox"/> NO <input type="checkbox"/> YES
DEGREE, DIPLOMA, CERTIFICATION EARNED	YEARS COMPLETED
PLEASE LIST AND DESCRIBE ANY CONTINUING EDUCATION	

EMPLOYMENT EXPERIENCE *Please list beginning with most recent.*

EMPLOYER #1	LAST POSITION HELD	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> NO <input type="checkbox"/> YES
ADDRESS	PHONE	
DATES OF EMPLOYMENT (FROM MONTH/YEAR TO MONTH/YEAR)	STARTING PAY	ENDING PAY
WORK PERFORMED		
REASON FOR LEAVING		
EMPLOYER #2	LAST POSITION HELD	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> NO <input type="checkbox"/> YES
ADDRESS	PHONE	
DATES OF EMPLOYMENT (FROM MONTH/YEAR TO MONTH/YEAR)	STARTING PAY	ENDING PAY
WORK PERFORMED		
REASON FOR LEAVING		

MORE >>>

EMPLOYMENT EXPERIENCE *Continued.*

EMPLOYER #3	LAST POSITION HELD	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> NO <input type="checkbox"/> YES
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ADDRESS	PHONE
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DATES OF EMPLOYMENT (FROM MONTH/YEAR TO MONTH/YEAR)	STARTING PAY	ENDING PAY
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WORK PERFORMED

REASON FOR LEAVING

EMPLOYER #4	LAST POSITION HELD	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> NO <input type="checkbox"/> YES
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ADDRESS	PHONE
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DATES OF EMPLOYMENT (FROM MONTH/YEAR TO MONTH/YEAR)	STARTING PAY	ENDING PAY
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WORK PERFORMED

REASON FOR LEAVING

REFERENCES *Include at least one work reference, preferably a Supervisor, and do not include relatives.*

NAME #1	COMPANY NAME OR ASSOCIATION WITH APPLICANT
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ADDRESS	PHONE
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NAME #2	COMPANY NAME OR ASSOCIATION WITH APPLICANT
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ADDRESS	PHONE NAME
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NAME #3	COMPANY NAME OR ASSOCIATION WITH APPLICANT
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ADDRESS	PHONE NAME
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NAME #4	COMPANY NAME OR ASSOCIATION WITH APPLICANT
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ADDRESS	PHONE NAME
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MORE >>>

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false or misleading information, omissions, or misrepresentation are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time.

I authorize the investigation of all statements contained herein and for my reference and prior employers to release any and all pertinent information about me. In consideration of employment, I agree to conform to the company's rules and regulation, and I understand that these rules and/or the Employee Handbook do not form a contract of employment either expressed or implied and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's will. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by company. I understand that no company representative, other than its president, and then only when in writing and signed by the president has any authority to enter into any agreement for employment for any specific period of time, or make any agreement contrary to the foregoing.

I understand Quest Credit Union may use the contents of my credit report and/or a bonding report from a licensed provider to determine my eligibility for employment. I give permission to Quest Credit Union to access the above referenced report.

SOCIAL SECURITY NUMBER: _____.

X

APPLICANT'S SIGNATURE

DATE