Quest MHSA
PO Box 309
Antlers, OK 74523

Application for Employment
(Pre-Employment Questionnaire)

PERSONAL INFORMATION

NAME (LAST NAME FIRST)		SOCIAL SECURITY NUMBER			
PRESENT ADDRESS		APT #	CITY	STATE	ZIP CODE
PERMANENT ADDRESS		APT #	CITY	STATE	ZIP CODE
ARE YOU 18 YEARS OR OLDER? ☐ YES ☐ NO	PHONE	Emergency Contact: Relationship:			

DESIRED EMPLOYMENT

DESIRED POSITION	DATE YOU CAN START	DESIRED SALARY RANGE
ARE YOU CURRENTLY EMPLOYED?	IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER?	
HAVE YOU WORKED FOR QUEST BEFORE?	WHERE?	WHEN?
REASON FOR LEAVING		
NAME OF LAST SUPERVISOR AT THIS COMPANY		
WHO REFERRED YOU TO QUEST? ☐ EMPLOYMENT AGENCY ☐ NEWSPAPER AD ☐ FRIEND ☐ STATE EMPLOYMENT OFFICE ☐ COLLEGE PLACEMENT SERVICE ☐ WALK IN ☐ OTHER		
ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB YOU ARE APPLYING FOR WITH OR WITHOUT ACCOMMODATIONS? ☐ YES ☐ NO		

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	DID YOU GRADUATE?	DEGREE (IF APPLICABLE)
HIGH SCHOOL			
COLLEGE OR UNIVERSITY			
GRADUATE STUDY/COLLEGE			
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL			

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GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK
SPECIAL TRAINING, LICENSES, CERTIFICATIONS
SPECIAL SKILLS

FORMER EMPLOYERS (STARTING WITH MOST RECENT ONE FIRST)

NAME OF PRESENT OR LAST EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE		
STARTING SALARY	FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? ☐ YES ☐ NO		
NAME OF SUPERVISOR	TITLE	PHONE		
DESCRIPTION OF WORK				
REASON FOR LEAVING				

NAME OF PRESENT OR LAST EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE		
STARTING SALARY	FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? ☐ YES ☐ NO		
NAME OF SUPERVISOR	TITLE	PHONE		
DESCRIPTION OF WORK				
REASON FOR LEAVING				

NAME OF PRESENT OR LAST EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE		
STARTING SALARY	FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? ☐ YES ☐ NO		
NAME OF SUPERVISOR	TITLE	PHONE		
DESCRIPTION OF WORK				

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REASON FOR LEAVING

REFERENCES (Please provide three *professional* references that you have known at least one year, preferably individuals with whom or for whom you have worked)

	NAME	RELATIONSHIP TO YOU	YEARS ACQUAINTED	PHONE
1				
2				
3				

SERVICE RECORD

BRANCH OF SERVICE	DISCHARGE DATE	DISCHARGE RANK

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS? ☐ YES ☐ NO
IF YES, EXPLAIN (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION)

QUEST MHSA, LLC, is an equal opportunity employer and does not discriminate on the basis of race, color, religion, sex, national origin, handicap, or engage in any other unlawful discrimination.

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give QUEST, any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for damage that may result from use of such information.

I also understand and agree that no representative of QUEST has any authority to enter into any agreement for employment for any specified period of time or to make agreement contrary to the foregoing unless it is in writing and signed by an authorized company representative. Employment at QUEST is, at all times, strictly at-will, and employment can be terminated at any time by either party."

DATE **SIGNATURE**