



COMPANIES Application for Employment

Quality Companies is an Equal Opportunity Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

PLEASE TYPE OR PRINT. Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (do NOT just indicate "See Resume.") Applications with missing or invalid job numbers will not be considered for any position. All applications will be held on file for three months.

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------------|--------------|
| Date: | Name (Last, First, Middle): | Other names under which you have attended school or been employed: | |
| Street Address: | | City, State & Zip: | |
| Social Security Number: | Home Phone: | Cell Phone: | Other Phone: |
| Date Available: | Email Address: | | |
| Are you authorized to work in the United States? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Please initial here to confirm your response: | |
| Are you 18 years of age or older? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Have you ever been employed by Quality Construction & Production (QCP) or Quality Production Management (QPM)? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If YES, dates of employment & reason for leaving: | |
| Have you ever been convicted of a felony? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If YES, please explain: | |
| Desired Salary: | Position Applying For: | | |
| How did you learn about this employment opportunity at Quality Companies? Check all that apply: | | | |
| <input type="checkbox"/> Ad in <i>newspaper</i> <input type="checkbox"/> Walk-in <input type="checkbox"/> Website <input type="checkbox"/> Rigzone <input type="checkbox"/> Billboard | | | |
| <input type="checkbox"/> Referral by employee, please indicate whom: <input type="checkbox"/> Other, please specify: | | | |

EDUCATION

| Name of School | City/State | Did you graduate? | Degree received | Major |
|----------------------------------------------------------------------------------------------------------------------------|------------|----------------------------------------------------------|-----------------|-------|
| High School: | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| GED: | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Other School: | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| College: | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| College: | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| College: | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Other credentials/ licenses/ professional affiliations, etc., which are relevant to the job(s) for which you are applying. | | | | |

WORK EXPERIENCE-Please detail your entire work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. **PLEASE DO NOT** complete this information with the notation "See Resume."

PLEASE NOTE: Quality Companies reserves the right to contact all current and former employers for reference information.

| | | | |
|--------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| Dates Employed (most recent position) From: To | | <input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/> | Title: |
| Starting Salary: | | Organization Name and Address: | |
| Final Salary: | | | |
| Supervisor's Name, Title and Phone #: | | Other Reference Name, Title and Phone #: | Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate |
| Primary duties: | | Reason for Leaving: | |
| Dates Employed (most recent position) From: To | | <input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/> | Title: |
| Starting Salary: | | Organization Name and Address: | |
| Final Salary: | | | |
| Supervisor's Name, Title and Phone #: | | Other Reference Name, Title and Phone #: | Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate |
| Primary duties: | | Reason for Leaving: | |
| Dates Employed (most recent position) From: To | | <input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/> | Title: |
| Starting Salary: | | Organization Name and Address: | |
| Final Salary: | | | |
| Supervisor's Name, Title and Phone #: | | Other Reference Name, Title and Phone #: | Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate |
| Primary duties: | | Reason for Leaving: | |
| Dates Employed (most recent position) From: To | | <input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/> | Title: |
| Starting Salary: | | Organization Name and Address: | |
| Final Salary: | | | |
| Supervisor's Name, Title and Phone #: | | Other Reference Name, Title and Phone #: | Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate |
| Primary duties: | | Reason for Leaving: | |

| References | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------|
| (Other than previously listed) Please list three professional references (not relatives/family members). We will assume we have your permission to contact these people unless you indicate to the contrary. | | |
| Name: | Name: | Name: |
| Address: | Address: | Address: |
| Phone: | Phone: | Phone: |
| Relationship: | Relationship: | Relationship: |
| Company/Position: | Company/Position: | Company/Position: |

| Certifications | | | |
|--------------------------------------------|--------------------------|--------------------------|------------------|
| Name of Certification | No | Yes | Expiration Date: |
| P.S.S.T./T2/Subpart O | <input type="checkbox"/> | <input type="checkbox"/> | |
| Crane | <input type="checkbox"/> | <input type="checkbox"/> | |
| Rigger | <input type="checkbox"/> | <input type="checkbox"/> | |
| O.S.H.A. | <input type="checkbox"/> | <input type="checkbox"/> | |
| Fire Fighting | <input type="checkbox"/> | <input type="checkbox"/> | |
| Medic First Aid/CPR | <input type="checkbox"/> | <input type="checkbox"/> | |
| Safe Gulf | <input type="checkbox"/> | <input type="checkbox"/> | |
| Water Survival/HUET | <input type="checkbox"/> | <input type="checkbox"/> | |
| Please list any additional certifications: | | | |

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

I certify that the information on this application and its supporting documents is accurate and complete to be the best of my knowledge. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or may result in termination after employment if discovered at a later date. I authorize Quality Companies to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and work background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of Quality Companies serve at-will, and the employment relationship may be terminated at any time by either party, or any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States. I understand that if employed on a temporary basis, I would be paid for hours worked only, and would be ineligible for benefits including paid time off. I understand that any benefits I receive may be subject to change or discontinuation at any time without prior notice. I understand that the first THREE MONTHS of regular employment represent an introduction period, during which I will not be eligible for certain benefits.

Applicant Signature: _____

Date: _____

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