



QUALITY APPROACH, INC APPLICATION

****Please print and use a black or blue ink pen**

PERSONAL INFORMATION:

DATE: _____

NAME: _____

LAST

FIRST

MIDDLE INITIAL

MAILING ADDRESS: _____

Street

City

State

Zip

E-MAIL ADDRESS: _____

PHONE NUMBER: _____ SOC. SEC #: _____

CELL NUMBER: _____ ALTERNATE PHONE NUMBER: _____

The below information is to be used for job placement only. Shoppers can be requested specifically based on their age, gender, and ethnicity.

SEX: _____ AGE: _____ ETHNICITY: _____

OTHER LANGUAGES SPOKEN: _____

WRITTEN: _____

EMPLOYMENT DESIRED:

POSITION: _____ DATE YOU CAN START: _____

ARE YOU CURRENTLY EMPLOYED? _____

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE: _____ WHEN: _____

HOW DID YOU HEAR ABOUT QUALITY APPROACH, INC? _____

CITIES INTERESTED IN SHOPPING: _____

SPECIAL TRAINING: _____

COMPUTER SKILLS: _____

OTHER INFORMATION: _____