

619 Maple Avenue, Lansdale, PA 19446 • Office 215-368-6700 • Fax 215-368-6777 • www.EventQuip.com

D /		
Date		

APPLICATION FOR EMPLOYMENT

PLEASE ANSWER ALL QUESTIONS

Incomplete Applications are not considered • Résumés Are Not A Substitute For A Completed Application • Please Print Clearly

We are an equal opportunity employer. Applicants are considered for positions without regard to veteran status, uniformed service member status, race, religion, sex, national origin, age, physical or mental disability, genetic information or any other category protected by applicable federal, state, or local laws.

EVENTQUIP IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, EVENTQUIP OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE.

Please Print Clearly	Name				
Phone #	Cell #	Email			
Present Street Address	S				Apartment #
City		St Zip	How lo	ng? Years	Months
Previous Address (if le	ess than 5 yrs)				xpartment #
City		_ St Zip	How los	ng? Years	Months
educational record. Fo	other names by which you have been known example, change of name, use of an as	sumed name, nicknam	ne, etc.		
	Rate Date on which y				
☐Yes ☐No Are y	ou over 18? How did you hear al	bout us? (be specific)	-		
□Full-time □Part-ti	me (Specify Availability)				
□Yes □No Are yo	ou willing to work overtime? (Specify	Availability)			
□Yes □No Have	you previously applied for employment	with EventQuip? If Y	es, when?		
	you ever been employed by EventQuip?				
	,	1		I	
Education	School Name and Location (Address, City, State)	Course of Stud	y Graduated?	# of Years Completed	Degree/Major
High School					N/A
College					
Bus./Tech./Trade or					
Post College					
•	cal skills that you feel qualify you for the t operation and/or certification, special to	•			•
☐Yes ☐No Do yo	ou have a valid drivers license? W	Thich state?			
□Yes □No Do yo		No, explain			

WORK EXPERIENCE

Please list the names of your present and/or previous employers in chronological order with present or last employer listed first. Account for all periods of time including any period of unemployment. If self-employed, supply firm name and business references. You may include any verifiable work performed on a volunteer basis, internships, or military service. Your failure to completely respond to each inquiry may disqualify you for consideration from employment.

Employer Name	Town, St	Type of Business		
Phone #	Dates: From/ to/	/ Duration: YrsMonths		
Job Title	Duties			
Supervisor's Name	May we contact? □Yes □No If	No, why not?		
Wages Start Final	Reason for Leaving			
What will this employer say was the re	ason your employment terminated?			
How much notice did you give when re	esigning? If none, explain			
Employer Name	Town, St	Type of Business		
Phone #	Dates: From / to /	/ Duration: YrsMonths		
Job Title	Duties			
Supervisor's Name	May we contact? □Yes □No If	No, why not?		
Wages Start Final	Reason for Leaving			
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Job Title	Duties			
Supervisor's Name	May we contact? □Yes □No If	No, why not?		
Wages Start Final	Reason for Leaving			
What will this employer say was the re	ason your employment terminated?			
How much notice did you give when re	esigning? If none, explain			
Please explain fully all gaps in your en	nployment history in excess of one month.			
☐Yes ☐No Has your employment of ☐Yes ☐No Have you ever been given	minated or asked to resign from any job? If Yes, how ever been terminated by mutual agreement? If Yes, howen the choice to resign rather than be terminated? If Yes three questions, please explain the circumstances of	ow many times?Yes, how many times?		

REFERENCES				
Work-Related References NAME	we may contact. Individuals POSITION	with no prior work exper	work relationship Work relationship (i.e., supervisor, co-worker)	er-related references. TELEPHONE
	previous employers or relative			
NAME	OCCUPATION	ADDRESS	TELEPHONE	NUMBER OF YEARS KNOWN
nature of the crime, its seri the applicant's age at the t employment references and	ousness, the substantial relations of the crime, the time of recommendations, and the b	tion to the position's fun elapsed since the crime, ousiness necessity of any	t from a particular job. Eventy actions and qualifications, the notes that applicant's entire work are exclusion when required by law	umber of occurrences, nd educational history, v.
were sealed, eradicated, eras	ed, annulled by a court, or ex	punged, or convictions th	any criminal offense? (Do not in nat resulted in referral to a divers	ion program.)
□Yes □No Have you eve trial?	er been arrested for any matte	ers for which you current	ly are out on bail or on your own	n recognizance pending
			vo questions, please provide the asidered.	date(s) and explain in
•		-	es, please provide the date(s) and disqualify you from employmen	•
Describe your construction	experience:			
Briefly explain why you wo	ould be good at this job:			

APPLICANT CERTIFICATION

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and a violation record sufficiently clear for insurability at standard rates.

I understand that EventQuip may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If EventQuip has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to EventQuip's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with EventQuip's policies and applicable federal, state, and local law.

If employed by EventQuip, I understand and agree that EventQuip, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement, as well as an agreement to arbitrate.

I certify that all the information on this application, my résumé, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

EVENTQUIP IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, EVENTQUIP OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF EVENTQUIP IS AUTHORIZED TO ENTER INTO AN AGREEMENT—EXPRESS OR IMPLIED—WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT OF EVENTQUIP.

IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF EVENTQUIP, AND I UNDERSTAND THAT EVENTQUIP HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.

I authorize EventQuip or its agents to confirm all statements contained in this application and/or résumé as it relates to the position I am seeking and to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation.

I authorize and consent to, without reservation, any party or agency contacted by EventQuip to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to EventQuip or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability EventQuip and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information.

If hired by EventQuip, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by EventQuip. I also understand EventQuip employs only individuals who are legally eligible to work in the United States.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF SIXTY (60) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFO COMPLETE.	DRMATION THAT I HAVE	PROVIDED ON THIS A	APPLICATION IS	S TRUE, ACC	CURATE, AND
Applicant Signature		I	Date	/	/