

**QUALIFIED INDUSTRIAL CRAFTSMEN INC.**  
**8700 SW 26TH AVE STE D**  
**PORTLAND, OR 97219-4033**  
**PHONE 503-452-8260 FAX 503-452-8266**

**Personal Information**

Name (Last Name First)			Social Security No	
Present Address	Apt. No	City	State	Zip
Permanent Address	Apt. No	City	State	Zip
Are you 18 years or older? Yes          No	Phone		Cell Phone	

LAST  
FIRST  
M I D D L E

**Desired Employment**

Position	Date you can start?	Salary Desired?
Are you employed now? Yes          No		
Ever applied at this company before? Yes          No	If so when?	
Ever worked for this company before? Yes          No	Where?	When?
Reason for leaving		
Who referred you to this company? (please circle)		
Employment Agency State Employment Office	Newspaper Advertising College Placement Service	Friend Walk In          Other

**Education**

School Level	Name And Location Of School	No. of years Attended	Did you Graduate?	Subjects Studied
High School				
College				
Business or Correspondence School				

**General**

Subjects of special study or research work
Special Training
Special Skills

**Employment Authorization**

<p>_____, (name) _____ (SSN) _____, authorize Qualified Industrial Craftsmen to do a full background check on me, if in the event they need to do so. I understand that a background check may consist of contacting my present or past employers, a criminal record, and driving record check. <b>Qualified Industrial Craftsmen is an Equal Opportunity Employer</b></p> <p>It is our policy to seek and employ the best qualified personnel and to provide equal opportunity for the advancement of employees and to administer all our personnel policies in a manner that will not discriminate against any person because of race, color, religion, age, sex, marital or veteran status, national origin, ancestry, disability (physical or mental handicap) or any other legally protected status.</p> <p><b>Employee signature</b> _____ <b>Date</b> _____</p>
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**APPLICATION FOR EMPLOYMENT  
AN EQUAL OPPORTUNITY EMPLOYER**

**Former Employers**

List Below Last Three Employers Starting With The Most Recent

Name of Present or Last Employer			
Address		City	State      Zip
Starting Date	Leaving Date		Job Title
Weekly Starting Salary	Weekly 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
Weekly Starting Salary	Weekly 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
Weekly Starting Salary	Weekly Final Salary		May We Contact Your Supervisor? Yes                  No
Name Of Supervisor	Title	Phone	
Description Of Work			
Reason For Leaving			

## Return To Work Program

Qualified Industrial Craftsmen, Inc. has developed a program designed to assist workers who are temporarily disabled due to an occupational illness or injury. This program is called the "Return to Work Program." This includes a team effort, including disabled workers, their attending physician, the insurance carrier and our company's management. When employees report an occupational illness or injury, they will be given certain forms and may be sent to a doctor for examination and/or treatment. If the physician determines the employee qualifies for our Return to Work Program, the doctor will complete the appropriate forms describing any work restrictions and conditions for transitional work. We will then attempt to provide a modified work position until the employee is able to resume normal duties. All modified work is temporary in nature and is designed to facilitate a return to normal duties as soon as possible. Modified duty positions may be offered at different locations and shifts. Modified work assignment will not exceed a period of ninety (90) days, unless the treating physician provides documentation that the employee is expected to be able to perform full normal duties within or by the end of an additional ninety (90) days. Failure to report for work at the designed time and place will be regarded as a voluntary resignation and could affect your time loss compensation, vocational benefits and/or reemployment/reinstatement rights. This is not designed as a substitute for reasonable accommodation under and applicable federal or state laws, such as the Americans with Disabilities Act, The Rehabilitation Act 1973 or other applicable laws. To preserve the ability to meet company needs under changing conditions, we reserve the right at our sole discretion to revoke, change, or supplement these guidelines at any time with or without written notice. The policies and procedures in this program are not intended to be contractual commitments and they shall not be construed as such. This policy is not intended as a guarantee of continuity of benefits or rights of any kind. No permanent employment for any term is intended or can be implied by this policy. Employment remains "at will" and can be terminated at anytime, with or without cause, and no representative of the company has any authority to enter into any agreement for employment for any specified time, or make any agreement to the contrary except the President of the company, in writing.

## Employee Responsibilities

1. When an employee has an on-the-job accident or injury, or serious near miss, it must be reported **immediately** to your supervisor and the QIC office. Failure to do so could result in your claim being delayed or denied.
2. If no injury has occurred or professional medical assistance is not required, you must fill out an "incident report" with the QIC office by the end of your work day.
3. If an injury does occur, you must follow QIC's emergency response procedure and fill out a Workers' Compensation 801 form **within 24 hours** with the QIC office. If your injury requires immediate emergency medical care the 801 should be filled out as soon as possible following the injury.
4. **You must inform your physician** there are modified/light-duty jobs available, and provide the physician with either a Return to Work Recommendation or Job Analysis form.
5. Once your doctor releases you to return to work (temporary, part-time, light-duties, or regular duties), you must report to work immediately if possible, and no later than the next scheduled shift. You must inform QIC about your condition and about any physical restrictions. You must provide QIC a written update on your condition within 24 hours. If you are unable to bring in the information you should call the office and then mail in the written information.
6. While you are off work, it is your responsibility to supply our office with your **current address and telephone number**, or message number so you can be reached.

**I have read and fully understand all of the above procedures, and know my responsibilities. I understand that failure to complete my responsibilities as stated above may result in disciplinary action up to and including termination from my job and/or loss of my right to re-employment or reinstatement following the injury. I have received a copy of this information.**

Employee signature \_\_\_\_\_ Date \_\_\_\_\_

## Safety Policies And Training

It is our policy that everything possible will be done to protect employees from accidents. Safety is a cooperative undertaking that requires participation by every employee. All employees or potential employees must read our Safety Policies & Training information prior to being sent on any job assignment.

To carry out this policy:

- \* Employees shall report **all** unsafe conditions and equipment to the supervisor and to the QIC office.
- \* Employees shall immediately report all accidents, injuries, and illnesses to the supervisor and to the QIC office.
- \* Horseplay, scuffling, or other acts that tend to adversely influence the safety or well being of the employees are prohibited.
- \* In an emergency, **Call 911 FIRST!** Then check the first aid book or the **MSDS**.
- \* In the event of a fire, sound the alarm and evacuate.
- \* Upon hearing a fire alarm, stop work and proceed to the nearest clear exit.
- \* **DO NOT** store materials and equipment against doors or exits, fire ladders or fire extinguisher stations.
- \* Aisles must be kept clear at all times.
- \* Work areas should be maintained in a neat, orderly manner.
- \* Always use the correct lifting technique. Never attempt to lift or push an object that is too heavy. **GET HELP!**
- \* Always wear your Personal Protective Equipment- Hard hat, Safety glasses, Boots and Gloves. QIC provides all PPE if you do not have it.

## Hazard Communication Training

Be aware of potential hazards involving various chemicals stored or used in your workplace. When using any chemical, you must label hazardous chemicals and make Material Safety Data Sheets (MSDS) available to employees. The MSDS is the most comprehensive source of information about each chemical you use. All MSDS's must:

- \* Provide the name, address, and emergency telephone number of the manufacturer, and the date that the MSDS was prepared.
- \* Identify the chemical and describe its composition, ingredients, physical properties, stability, and reactivity.
- \* List potential hazards, toxicity, and the recommended personal protective equipment (PPE) to be used.
- \* Explain first aid and fire-fighting measures.
- \* Provide instructions for handling, transportation, storage, and disposal.
- \* Describe possible routes of entry such as inhalation, ingestion, and/or skin absorption.

## Personal Protective Equipment (PPE)

- \* If you are exposed to potentially dangerous chemicals, flying particles or splashes, wear **SAFETY GLASSES.**
- \* If noise levels are high in your work place, wear **EAR PLUGS.**
- \* To protect your head from falling objects, electric shock or burns, and other hazards, wear a **HARD HAT.**
- \* To prevent cuts, lacerations, punctures, and chemical burns, wear **GLOVES.**
- \* To provide comfort and protection to your feet, wear leather work **BOOTS.**

## Fall Protection

- \* Eliminate simple tripping hazards caused by tools and materials left lying on the floor.
- \* Before using a ladder, inspect it for loose nails, bolts or screws, cracked or broken rungs, cleats, or sidernails, corrosion of metal parts.
- \* Pay attention to your surroundings and clean up spills immediately.
- \* Never use boxes or crates instead of a ladder or scaffold.
- \* If you are working 6ft above ground you need to wear a fall protection system.

## Scaffolding

- \* Scaffolding must be erected in accordance with manufacturer's recommendations.
- \* Scaffold must be on sound footing, and be vertically, horizontally, and diagonally cross braced.
- \* Scaffold must be fully planked and planks should extend 6-12 inches beyond their supports.
- \* Safe access must be provided.
- \* All guard rails, mid rails, and toe boards must be in place.
- \* Scaffold surfaces are to be kept clear of debris and unnecessary materials.
- \* Scaffold must be attached or tied back, to the building when required.

I certify that I have read and understand all of the Qualified Industrial Craftsmen Training program regarding Safety Policies and Procedures for the areas listed above. I understand that a violation of these rules could endanger myself and my co-workers and may result in disciplinary action, including termination. If in any event, you are on a customers job site and they are requiring you to do a job that requires some PPE that you do not have or they are not supplying, like fall protection, call **QIC IMMEDIATELY! We will take care of the situation.**

Employee signature \_\_\_\_\_ Date \_\_\_\_\_

Have you been convicted of a felony?	Yes	No
If yes, Explain. (Will not necessarily exclude you from consideration)		

## 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 you 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 any damage that may result from utilization of such information. Employee agrees that it will not be hired onto any QIC customer either directly, or indirectly (such as through another agency or service) for a period of six months following the end of employee's most recent assignment with customer or prior 520 billable hours of employment, except with the written permission if Qualified Industrial Craftsmen and payment of a conversion fee.

Employee signature \_\_\_\_\_ Date \_\_\_\_\_

## Paydays

Paydays are once a week on **Fridays**. Pay periods are **Monday** through **Sunday**, and all **Signed** time sheets are due by **Tuesdays**. All checks will be **Mailed** out to you. It is your responsibility to make sure the office has the correct mailing address on file at all times.

Employee signature \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Employees are required to have his/her own tools. These consist of the normal hand tools for your trade.

Do you have your tools?	Yes _____	No _____
Do you have transportation?	Yes _____	No _____
Will you travel?	Yes _____	No _____
Do you wear contacts?	Yes _____	No _____
Do you hold a current first aid card?	Yes _____	No _____

Please complete the portion below in all categories that you have experience and/or training in.

<u>Classification</u>	<u>Years</u>	<u>Duties Performed</u>	<u>Certified</u>
Boilermaker	_____	_____	_____
Brick Mason	_____	_____	_____
Carpenter	_____	_____	_____
Cement Finisher	_____	_____	_____
Equipment Operator	_____	_____	_____
H.V.A.C.	_____	_____	_____
Heavy Equip Mech	_____	_____	_____
Helper Maintenance	_____	_____	_____
Machinist	_____	_____	_____
Millwright	_____	_____	_____
Painter	_____	_____	_____
Pipe Fitter	_____	_____	_____
Pipe Welder	_____	_____	_____
Rigger	_____	_____	_____
Sand Blaster	_____	_____	_____
Sheet Metal	_____	_____	_____
Welder	_____	_____	_____
Other	_____	_____	_____

I certify that I will submit to random / blanket drug screening as requested by Qualified Industrial Craftsmen and/or it's clients.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_