



10826 Shoemaker Ave Santa Fe Springs, Ca 90670 • (562) 944-3206 • pdqrentals.com
Corona • Escondido • Santa Fe Springs • Sun Valley • Temecula • Vista

Employment Application

An Equal Opportunity Employer

Date	Last Name	First Name	Middle
Present Address		City	State Zip
Phone:		E-mail address:	
Position Applying For		Pay Desired: \$	

Personal Information

Have you ever applied to or worked for PDQ Rentals before?

☐ Yes ☐ No

If yes, when? _____

Do you have any friends or relatives working for PDQ Rentals?

☐ Yes ☐ No

If yes, state name(s) and relationship:

Name	Relationship
Name	Relationship

If hired, would you have a reliable means of transportation?

☐ Yes ☐ No

If hired, can you present evidence of your legal right to live and work in this country?

☐ Yes ☐ No (Proof of citizenship or immigration status will be required upon employment)

In some departments, PDQ Rentals is open 7 days a week. Are you available any day?

☐ Yes ☐ No

If no, explain below:



Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodations?

☐ Yes ☐ No

If no, describe the functions that cannot be performed. _____

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants / employees to perform essential functions. Hire may be subject to passing a medical examination, and skill and agility tests.)

Are you currently employed?

☐ Yes ☐ No

On what date would you be available for work? _____

Are you available to work?

☐ Full Time ☐ Part time ☐ Shift work ☐ Temporary ☐ Over time

Are you currently on "layoff" status and subject to recall?

☐ Yes ☐ No

Can you travel if a job requires it?

☐ Yes ☐ No

May we contact your present employer?

☐ Yes ☐ No

Have you ever had any job-related training in the United States Military?

☐ Yes ☐ No

If yes, please describe:

How Did You Learn About Us?

☐ Advertisement ☐ Friend ☐ Walk-in
☐ Employment Agency ☐ Relative ☐ Other _____



Education, Training & Experience

High School	Name and Address	No. of Yrs. Completed	Did you Graduate?	Deg/Diploma (Yes/No)
	_____ Name	_____	☐ Yes ☐ No	_____
	_____ Address			
	_____ City	_____ State		_____ Zip
College/ Univ.	Name and Address	No. of Yrs Completed	Did you Graduate?	Deg/Diploma (Yes/No)
	_____ Name	_____	☐ Yes ☐ No	_____
	_____ Address			
	_____ City	_____ State		_____ Zip
Vocation/ Trade	Name and Address	No. of Yrs Completed	Did you Graduate?	Deg/Diploma (Yes/No)
	_____ Name	_____	☐ Yes ☐ No	_____
	_____ Address			
	_____ City	_____ State		_____ Zip
Other	Name and Address	No. of Yrs Completed	Did you Graduate?	Deg/Diploma (Yes/No)
	_____ Name	_____	☐ Yes ☐ No	_____
	_____ Address			
	_____ City	_____ State		_____ Zip
Extra:	List professional, trade, business or civil activities and offices held. Please exclude membership which would reveal sex, race, religion, national origin, age, ancestry or handicap or other protected status.			
	Indicate any foreign languages you can speak, read and /or write. Please indicate if you are Fluent, Good or Fair with the language.			
	Speak _____	Read _____	Write _____	



Employment History

List below all present and past employment, starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume. Include any job-related military service assignments and volunteer activities.

Employer Name

Telephone No.

Type of Business

Your Supervisor's Name

Address & Street

City

State

Zip

Dates of Employment: _____
From To

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference?

☐ Yes

☐ No

Employer Name

Telephone No.

Type of Business

Your Supervisor's Name

Address & Street

City

State

Zip

Dates of Employment: _____
From To

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference?

☐ Yes

☐ No

Employer Name

Telephone No.

Type of Business

Your Supervisor's Name

Address & Street

City

State

Zip

Dates of Employment: _____
From To



Your Position and Duties

Reason for Leaving

May we contact this employer for a reference?

☐ Yes

☐ No

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

First Name

Last Name

Telephone No.

Address & Street

City

State

Zip

Occupation

No. of Years Acquainted

First Name

Last Name

Telephone No.

Address & Street

City

State

Zip

Occupation

No. of Years Acquainted

First Name

Last Name

Telephone No.

Address & Street

City

State

Zip

Occupation

No. of Years Acquainted



Please Read Carefully, Initial Each Paragraph and Sign Below

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I certify that I, the Undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material in this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initials

I hereby authorize PDQ Enterprises to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and further, authorize the references I have listed to disclose to the company and all letter, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partners associations from any and all claims, demands or liabilities arising out of or in any way related to such investigations or disclosure.

Initials

I understand that nothing contained in the applications, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be ended at any time, with or without prior notice, at the option of either myself or the Company and that no promises or representations contrary to the foregoing are binding on the Company unless made in writing and signed by me and the Company's designated representative. I understand that PDQ Enterprises is an at-will-employer.

Initials

Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the Company, I am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

☐ I waive receipt of a copy of any public record described in the paragraph above.

Applicant Signature

Date



Written Disclosure for Background Check, Physical, Drug Screen & Motor Vehicle Report

PDQ is committed to maintaining a safe, secure, and drug-free workplace. As part of our pre-employment process, we require all candidates who have been extended a conditional offer of employment to undergo the following:

1. **Background Check:**

A comprehensive background check may include, but is not limited to, verification of employment history, educational qualifications, criminal records, and other relevant information.

2. **Preplacement Physical:**

This examination is conducted to ensure the candidate can safely perform the essential functions of the job for which they are being considered.

3. **Drug Screening:**

A drug test is conducted as part of the physical examination to confirm compliance with our drug-free workplace policy.

4. **Motor Vehicle Report:**

If you are applying for a position that requires driving, the company will verify a valid driver's license, and in some cases, review your driving record to ensure it meets the required standards for the role.

The background check, physical examination, drug screening and motor vehicle report will be conducted by authorized third-party providers in compliance with all applicable state and federal laws, including the Fair Credit Reporting Act (FCRA) and the Americans with Disabilities Act (ADA). The job is contingent on a successful pass of items 1-3 and 4 if applicable.

I have read and agree to the above:

Signature

Printed Name

Date

Written Disclosure and Authorization for EDEX Report

Akeso Occupational Health may obtain information about you from the Electronic Data Exchange (EDEX) system as part of the post-offer, pre-employment evaluation process. This report may include information regarding your workers' compensation claim history. The purpose of obtaining this report is to evaluate your ability to perform the essential functions of the position for which you are being considered, and to assess potential workplace safety concerns. This information will be used in compliance with all applicable federal and state laws, including the Fair Employment and Housing Act (FEHA) and the Americans with Disabilities Act (ADA).

Authorization

By signing below, you:

1. Acknowledge that you have received this disclosure.
2. Authorize **Akeso Occupational Health** to access and obtain an EDEX report for employment purposes.
3. Understand that this report will be kept confidential and used solely for the purposes stated above.
4. Acknowledge that you have the right to request a copy of the report obtained from EDEX.

I acknowledge that I have read and understand the above disclosure and authorize PDQ to obtain an EDEX report.

Signature

Printed Name

Date