# We Are Hiring GARAGE DOORS LEAD TECHNICIAN



# ABOUT

Q.T Garage Doors is seeking a passionate, Individual with the passion for exponential growth.

## GARAGE DOOR LEAD TECHNICIAN

- At least 2+ years experience installing Overhead Doors
- Excellent communication skills
- Ability to lift 50lbs Overhead

# MORE

- Ability to lead a crew with an apprentice assigned to you
- Ability to expand knowledge base

We want to hear from you! Please submit your resume, With the pdf job application

Send your CV and Resume
Qtgaragedoors@gmail.com

# Quality Truss & Lumber, Inc. 21005 Hwy. 30 Filer, Idaho 83328 Ph. 326-5900 Fax 326-3150



# APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-5.			DATE		
Name					
	Last	First	Middle		Maiden
Present address					
	Number	Street	City State		
How long		S	ocial Security No.	–	
Telephone ()					
If under 18, please	list age				
	r (1) (2)		• •	Sat	
How many hours can you work weekly?			_ Can you wor	k nights?	
	ed DFULL-TIME ONLY work?	DPART-TIME	ONLY	FULL- OR PART-TI	ME

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS	MAJOR &
		(Complete mailing	COMPLETED	DEGREE
		address)		
High School				
College				
-				
Bus. or Trade School				
Professional School				
HAVE YOU EVER BEEN	CONVICTED OF A CRIME?	P 🛛 No	🛛 Yes	
If you ovalain number of	f conviction(c) nature of	offence (c) leading to convi	intion(c) how recently such off	

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE	APPLICATION FOR EMPLOY	YMENT	
DO YOU HAVE A DRIVER'S LICENSE?	🛛 Yes 🛛 No		
What is your means of transportation t	to work?		
Driver's license number IChauffeur Expiration date		Operator Commercial (CDL)	
Have you had any accidents during the		How many?	
Have you had any moving violations du	uring the past three years?	How Many?	
	OFFICE ONLY		
□Yes Typing □NoV Personal □Yes PC □ Computer □No Mac □	Other	Word 🛛 Yes Processing 🗍 No WPM	
Please list two references other than r	elatives or previous employers.		
Name	Name		
Position			
Company		У	
Address			
Telephone ( )		e ()	
An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.			
which you are applying.			

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE				
APPLICATION F	OR EMPLOYMENT			
MIL	ITARY			
HAVE YOU EVER BEEN IN THE ARMED FORCES?	🛛 Yes 🛛 No			
ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?	🛛 Yes 🖓 No			
Specialty Date Ent	ered	Discharge Date		
WorkPlease list your work experience for the pastExperienceIf you were self-employed, give firm name. A			b held.	
Name of employer Address	Name of last supervisor	Employment dates	Pay or salary	
City, State, Zip Code Phone number		From To	Start Final	
Your last job title				
Reason for leaving (be specific)	-			
company.				
Name of employer Address	Name of last supervisor	Employment dates	Pay or salary	
City, State, Zip Code Phone number		From To	Start Final	
	Your Last Job Title			
Reason for leaving (be specific)				
List the jobs you held, duties performed, skills used or learned company.	, advancements or pro	omotions while you wo	rked at this	

## PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

## APPLICATION FOR EMPLOYMENT

WorkPlease list your work experience for the past five years beginning with your most recent job held.experienceIf you were self-employed, give firm name. Attach additional sheets if necessary.

Name of employer Address	Name of last supervisor	Employment dates	Pay or salary	
City, State, Zip Code Phone number		From	Start	
		То	Final	
	Your last job title			
Reason for leaving (be specific)				
List the jobs you held, duties performed, skills used or learned, company.	advancements or pro	motions while you wo	rked at this	

Name of employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, company.	advancements or pro	motions while you wo	rked at this

May we contact your present employer?	🛛 Yes 🛛 No
Did you complete this application yourself	🛛 Yes 🛛 No
If not, who did?	

## PLEASE READ CAREFULLY

## APPLICATION FORM WAIVER

In exchange for the consideration of my job application by \_\_\_\_\_\_ (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment

relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of \_\_\_\_\_\_\_, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and \_\_\_\_\_\_ may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for preemployment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applican	tDa	ate:
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This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin,

citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.