



*A Partner in Quality... Today & Tomorrow*

EEP Quality Group is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on the basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact their supervisor or Human Resources.

**Applicant Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

SSN: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

\_\_\_\_\_ Continue to Page 2 \_\_\_\_\_

**FOR OFFICE USE ONLY**

Staffing Company: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Off-site Assignment: \_\_\_\_\_ Shift: \_\_\_\_\_

Hourly Rate: \_\_\_\_\_ Differential: \_\_\_\_\_

Other Rates: \_\_\_\_\_ Termination Date: \_\_\_\_\_



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**Employment Position**

How did you hear about this position? \_\_\_\_\_

What days are you available to work? \_\_\_\_\_

Circle the shifts are you available to work:

A shift (6:00 am – 2:00pm)

B shift (2:00pm – 10:00pm)

C shift (10:00pm – 6:00am)

Weekend shift (6:00 am – 2:00pm)

Other hours: \_\_\_\_\_

If needed, are you available to work overtime? Yes No

On what date can you start working if hired? \_\_\_\_\_

Do you have reliable transportation to and from work? \_\_\_\_\_

Are you willing and able to work at EEP customer satellite sites if requested? Yes No

Are you willing to submit to a background check if requested by customer location?  
Yes No

Desired hourly rate: \_\_\_\_\_

**Personal Information**

Have you received Covid-19 Vaccination? Yes No

- If your answer is no, you are required to wear masks at all times and follow the guidelines issued by the CDC.
- If your answer is yes, you must present vaccination card to HR.

Have you ever applied to or worked for EEP Quality Group? Yes No

If yes, when? \_\_\_\_\_

Do you have any friends or relatives working for EEP Quality Group? Yes No

If yes, state name and relationship: \_\_\_\_\_

Are you 18 years or older? Yes No

Are you approved to work in the United States? Yes No



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**Are you able to perform the essential job functions for which you are applying for with or without reasonable accommodation?**

**Yes                      No**

**Education and Training**

**High School**

Name	Location (City, State)	Year Graduated	Degree Earned

**College/University**

Name	Location (City, State)	Year Graduated	Degree Earned

**Vocational School/Specialized Training**

Name	Location (City, State)	Year Graduated	Degree Earned

**Previous Employment**

**Employer Name:** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_

**Employer Address:** \_\_\_\_\_

**Employer Telephone:** \_\_\_\_\_

**Dates Employed:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

**Employer Name:** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_

**Employer Address:** \_\_\_\_\_

**Employer Telephone:** \_\_\_\_\_

**Dates Employed:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_



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**Employer Name:** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_

**Employer Address:** \_\_\_\_\_

**Employer Telephone:** \_\_\_\_\_

**Dates Employed:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

**Additional Information**

EEP Quality Group will consider direct hire after completing a 6-month probationary employment period and mandatory requirements from the agency you are assigned. EEP Quality Group provides benefits to direct hire employees after completion of 1 year of service retro-active from assignment date.

**Ending of Assignment**

The relationship between you and EEP Quality Group Inc. is referred to as “employment at-will” meaning that you or the company reserves the right to end your assignment with or without cause, with or without reason. No representative of EEP Quality Group has authority to enter into any agreement contrary to the foregoing “employment at-will” relationship.

**Statement**

By signing and submitting this application, I hereby agree to the above terms and conditions, and confirm the information contained in this application is true and correct.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# EEP Shop Rules

1. Operators are expected to be at their workstations and ready to work at the official start time
2. Operators are allowed 10 minutes at the end of the shift to complete paperwork and clean their workstations
3. Workstations must be kept neat and clean
4. No food or open containers are allowed at the workstations.
5. Follow all safety rules of the EEP Quality Group and our respective customers
6. Wear required protective gear at all times
7. There are two 10-minute breaks daily, one in the morning and one in the afternoon. Times to be determined by the supervisor
8. There is one half hour unpaid lunch. Times to be determined by the supervisor
9. Time off should be requested in advance and approved by the supervisor.
10. Casual absence will not be tolerated
11. Tardiness will not be tolerated
12. No cell phones, headsets, i-pods, or any similar electronic devices are allowed at the workstations unless authorized by supervisor
13. Cell phone usage is limited to break times and lunch
14. No reading materials are allowed at the workstations
15. Everyone is expected to conduct themselves in a professional manner
16. Internet use is limited to work related issues only. Social media sites are strictly prohibited.

Company rules are put into place to ensure employee's safety and security and help to provide a positive image towards our customers or clients. Finally, the company rules build a secure and friendly working environment in the workplace.

I understand and will abide by the rules put in place by EEP Quality Group Inc.

\_\_\_\_\_  
Employee Print Name

\_\_\_\_\_  
Date

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

Form #: EEP-F061

Revised: 7-2-21

Supersedes: 4-24-15; 1-5-21

## Vision Statement

To be our Customers' "partner in quality ... today and tomorrow!"

## Mission Statement

Our Mission is to operate a profitable, growth oriented, diversified and quality-first organization. Our products are Contract Manufacturing, Assembly, Kitting, Sorting & Containment, Rework- Repackaging, Quality Liaison, Contract Services, Training & Consulting. We provide these services by managing and developing a well-trained, experienced team.

... To create a work environment that generates employee enthusiasm that leads them to recommend others to become a part of the EEP family.

... To maintain and continually develop our ISO 9001-2015 Quality Management System that is focused on employee and customer satisfaction.

## Quality Policy

EEP is committed to exceeding customer requirements and achieving customer satisfaction through continual improvement of our services, our employees, and our Quality Management System.

I, \_\_\_\_\_ have reviewed & understand the above Information \_\_\_\_\_  
(Please print your name here) (Signature)

Date \_\_\_\_\_



## **NON-COMPETE AND NON-DISCLOSURE AGREEMENT**

As a contractor or employee of EEP Quality Group, Inc., I agree and will abide by the following terms and conditions.

1. I will at all times, both during the course of my contract or employment with any of the above will not disclose directly or indirectly to anyone other than authorized personnel any confidential or proprietary matters which include, but are not limited to: strategies, trade secrets, processes, formulas, methods, practices, know-how, specifications, marketing data, financial information, computer information, customers lists, or product information pertaining to pricing, sale, distribution, or manufacture of products. Such prohibition shall not include any information in the public domain.
2. As part of my acceptance of a contract or employment with EEP Quality Group, Inc. I agree that I will not compete with the company listed above or any of its affiliates in the same or substantially similar duties and capacities of my contract or employment in which I am engaged in during the last twelve months of my contract or employment. I further agree that I will not solicit any of the customers that I have come in contact with regarding any products that we currently sell or may reasonably sell to that industry. I agree that I will not represent any other company to the current customer base that I am currently representing. I agree that I will not solicit employment at any of the customers that I have come in contact with during my contract or employment with the company listed above. This restraint applies to the United States, Canada, Mexico and runs for a period of twelve (12) months after my contract or employment terminates. If I end my contract or employment for any reason regardless of circumstance of my departure, I will not for Twelve (12) months solicit or attempt to solicit from the company listed above or its customers or any employee with whom I have come in contact during the course of my contract or employment.

**NON-COMPETE AND NON-DISCLOSURE AGREEMENT**

The duration, geographic, and business scope of the non-competition provisions in this agreement are reasonable and necessary to protect the business and good will of the companies listed above. If a court rules any part of this agreement invalid, the rest of it will be enforced to the extent permitted.

3. This agreement shall be interpreted and enforced under New York State law. Any suit to enforce this agreement or otherwise arising out of this agreement may be brought in any state or federal court of competent jurisdiction in the state of New York
  
4. If I break this agreement EEP Quality Group, Inc. is entitled to recover as damages from me the greater of the amount of the financial loss that they suffer as a result or the financial gain that I receive. I will pay reasonable attorney's fees and cost involved in enforcing this agreement. The company listed above may bring action in any court of competent jurisdiction, either in law or equity, to enjoin such breach and/or specifically enforce the performance of my obligation.

I have read and understand this agreement and will abide by its contents.

\_\_\_\_\_  
Contractor Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Contractor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date