



**QUALITY BUILDERS WARRANTY CORPORATION**  
 325 North Second Street  
 Wormleysburg, PA 17043  
 (717) 737-2522  
 1-800-334-9143

**FOR OFFICE USE ONLY**  
 Acceptable \_\_\_\_\_  
 R \_\_\_\_\_  
 M \_\_\_\_\_

**INSPECTOR APPLICATION**

**Name:** \_\_\_\_\_ **Social Security #** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **(Mobile):** \_\_\_\_\_ **(Email):** \_\_\_\_\_

SCHOOL	NAME
Technical School/College/ University	

**WORK HISTORY**

**Current Company Name:** \_\_\_\_\_ **Job Title/Department:** \_\_\_\_\_

**Address (Number & Street)**      **City**      **State**      **Zip**      **From:**      **To:**

**Name of Supervisor & Title**      **Phone Number**      **Email**

**Describe Your Duties**

**Previous Company Name:** \_\_\_\_\_

**Job Title / Department**      **From:**      **To:**

**Name of Supervisor & Title (If no reference from current position)**      **Phone Number**      **Email**

**Describe Your Duties**

**CERTIFICATIONS: Please remit copies of all Certifications**

TYPE	CERTIFIED BY	STATE	NUMBER

**PROFESSIONAL REFERENCES: (If no references are available from current/previous job)**

NAME	HOW ASSOCIATED	PHONE	YEARS KNOWN

**Technical Skills (If Applicable)**

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◆ Are you currently employed as an Inspector? \_\_\_\_\_

◆ How many years have you been an Inspector? \_\_\_\_\_

◆ Indicate past/present firms you have inspected for: \_\_\_\_\_  
\_\_\_\_\_

◆ What Building Code do you utilize when inspecting? \_\_\_\_\_

◆ Have you done inspections for other warranty companies? \_\_\_\_\_

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