



1661 Glenlake Avenue, Itasca, IL 60143
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APPLICATION FOR EMPLOYMENT

QMI is an Equal Opportunity Employer

Position(s) Applied For _____ Desired Hourly or Annual Compensation _____

Please answer all questions. Resumes are not accepted in lieu of completion of this application. Note: This application was designed for use with several types of positions. Some questions may not be completely applicable to the position you are seeking; however, we ask that you answer all questions.

Last Name (Please Print) _____ First Name _____ Middle Initial _____

Present Full Address _____

City _____ State _____ Zip Code _____ Telephone No. _____

Driver's License # _____ Driver's License State _____

Only U.S. Citizens or aliens who have a legal right to work in the U.S. are eligible for employment. YES NO

Can you, upon employment, submit documentation verifying your identity and your legal right to work in the U.S.?

Are you over 18 years of age? YES NO

EDUCATIONAL DATA

School	Name and Address of School	# Years Completed	Degree	Major Course of Study
HIGH SCHOOL	_____			

COLLEGE	_____			

GRADUATE SCHOOL	_____			

TRADE, BUSINESS, NIGHT OR CORRESPONDENCE	_____			

OTHER	_____			

OTHER SKILLS: List any other job-related skills, qualifications or licenses that support your application _____

HONORS RECEIVED _____

In order to permit a check of your work and educational work records, should we be made aware of any changes of name or assumed name that you previously used? YES NO

If YES, identify names and relevant dates _____

EMPLOYMENT EXPERIENCE

List each job held. Start with your present or last job. Include military experience. If known by any other name, please indicate.

Employer	DATES		WORK PERFORMED
	FROM	TO	
Address			
Job Title			
Supervisor Phone No.			
Reason for Leaving			
May we make inquiries of this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO			

Employer	DATES		WORK PERFORMED
	FROM	TO	
Address			
Job Title			
Supervisor Phone No.			
Reason for Leaving			
May we make inquiries of this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO			

Employer	DATES		WORK PERFORMED
	FROM	TO	
Address			
Job Title			
Supervisor Phone No.			
Reason for Leaving			
May we make inquiries of this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO			

Employer	DATES		WORK PERFORMED
	FROM	TO	
Address			
Job Title			
Supervisor	Phone No.		
Reason for Leaving			
May we make inquiries of this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO			

Membership in organizations/professional groups which, in your opinion, have a direct bearing on the position you are seeking: _____

Are you a veteran of the U.S. Military Service? YES NO If YES, what branch of service? _____

If YES, beginning date and ending date of active duty. From (year/month) _____ To (year/month) _____

Date of discharge from Military Service _____

Have you ever been dismissed or forced to resign from any employment? YES NO If YES, explain: _____

Are you now employed? YES NO Are you on layoff and subject to recall? YES NO

May we contact your present employer? YES NO Previous employers? YES NO

Please identify any exceptions and reasons for not contacting prior employers. _____

Can you travel if job requires it? YES NO Will you work overtime if asked? YES NO

Are there any hours, shifts or days you will not work? YES NO If YES, explain _____

What foreign languages do you speak, read or write? _____

Do you have any friends or relatives who work here? YES NO If YES, please fill out the following:

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

CHARACTER REFERENCES

List three persons not related to you, whom you have known at least one year:

NAME	ADDRESS	TELEPHONE	OCCUPATION

List below any other information or remarks that you wish to have considered as a part of your application for employment:

How did you hear of our company? _____

Have you filed an application here before? YES NO If YES, give date _____

Have you been employed here before? YES NO If YES, give date _____

NOTICE TO APPLICANTS

GENERAL INFORMATION

We are an equal opportunity employer. We adhere to a policy of making employment decision without regard to race, color, sex, religion, national origin, age disability, handicap, marital status or any other basis protected by law. The opportunity for employment will be based solely upon your qualifications and ability to perform the job for which you are being considered. We also reasonably accommodate individuals with disabilities, handicaps and bona fide religious beliefs.

We comply with the Americans With Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job-related functions. You may also be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. Upon request, all entering employees in the same job category will be required to complete the same medical questionnaire and/or examination. All medical information will be kept private in confidential files.

We also maintain a Drug-Free Workplace.

PLEASE READ AND SIGN STATEMENTS BELOW

I understand, as a condition of my employment, I must take and pass a pre-employment urine and/or blood test at authorized threshold levels for any or all of the drugs or alcohol listed by the employer's Drug-Free Workplace Policy statement, copies of which have been provided to me and a copy, executed by me, returned to the employer.

_____ (Initial)

I understand and agree that all policies, procedures, whether written, published or orally communicated by the employer may be modified, amended, or deleted by the employer with or without notice to me of such change(s); that the employer's policies and procedures are not intended to be a contract of employment nor do they give me a right of continued employment; and that if hired, I will be an "at-will" employee and my employment may be terminated at my option or at the option of my employer with or without prior notice to either party. I also agree there are no other written or oral arrangements, agreements, or understandings regarding the terms of my employment and that any amendments or exceptions to this statement must be in writing and signed by a person(s) duly authorized by the employers.

_____ (Initial)

I certify that all information given to the employer by me in the form of an employment application, resume or related papers or answers given by me during oral interviews are true and correct

_____ (Initial)

Applicant's Printed Name

Date

Applicant's Signature

Witness' Printed Name

Date

Witness' Signature