



1661 Glenlake Avenue, Itasca, IL 60143  
 (630) 529-7111 • Toll Free (800) 446-2500  
 Fax (630) 980-6364 • www.qmiusa.com

## 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 \_\_\_\_\_

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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