

QUALITY MANUFACTURING CORPORATION

APPLICATION FOR EMPLOYMENT

4300 NW URBANDALE DRIVE, URBANDALE, IA 50322-7921

Quality Manufacturing Corporation is an Equal Opportunity Employer with an affirmative action program. The hiring policy of Quality Manufacturing Corporation prohibits discrimination based upon race, color, religion, sex, sexual orientation, gender identity, age, national origin, disability, marital status, genetic information, protected veteran status or any other status protected by law. Applicants needing disability-related accommodations for interviews are requested to ask for them in advance. Quality Manufacturing Corporation desires a drug-free workforce. A drug test may be a part of a pre-employment physical.

PERSONAL DATA

Last	First	Middle	Daytime Telephone ()
Legal Name			
Do you have a preferred name that you like to be addressed by? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide:			Evening Telephone ()
Street	City	State	Zip Code
Address			
Home E-mail Address: If hired, may we e-mail company information to your home e-mail address? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Position Applied For	Type of Employment Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer <input type="checkbox"/>	How did you first learn of this position?	Required Salary
Have you ever been employed by Quality Manufacturing Corporation? Yes <input type="checkbox"/> No <input type="checkbox"/> Where/When?			
List any relatives working for Quality Manufacturing Corporation			
Are you physically able to perform this job? Yes <input type="checkbox"/> No <input type="checkbox"/>		Do you have a Valid Drivers License? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever been convicted of a crime (Felony or Misdemeanor)? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain incident, and date: <small>Note: A conviction is not an automatic bar to employment; your response will only be used in connection with evaluating your application.</small>			
Date available for work:	Are you willing to relocate? Yes <input type="checkbox"/> No <input type="checkbox"/> Please explain:	Are you willing to travel? Yes <input type="checkbox"/> No <input type="checkbox"/> Please explain:	

EDUCATION

SCHOOL	NAME AND LOCATION	YEARS ATTENDED	DATE LEFT	DEGREE OR MAJOR	GRADUATE
High School					Yes <input type="checkbox"/> No <input type="checkbox"/>
College					Yes <input type="checkbox"/> No <input type="checkbox"/>
Graduate					Yes <input type="checkbox"/> No <input type="checkbox"/>
Other					Yes <input type="checkbox"/> No <input type="checkbox"/>

List other special training or skills:	List associations, awards and licenses:
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Computer Skills (years and level of experience), career objectives or qualifications for employment. _____

Personal Interests: _____

MILITARY

Service Branch	Date Entered	Date Discharged	Rank at Discharge
Field of Specialization	Did you have HVAC/Plumbing training? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes," describe:		

EMPLOYMENT HISTORY

LIST LAST FIVE EMPLOYERS WITH MOST RECENT POSITIONS FIRST

1. Name & Address of Present or Most Recent Employer			Telephone ()
Date Employed	Date Left	Starting Salary	Last Salary
Your Position	Reason for Leaving		
Duties:			
Name & Position of Immediate Supervisor	Name & Position of a Co-Worker	Name & Position of a Subordinate (if applicable)	
May we ask the above people for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," why?			

2. Name & Address of Previous Employer			Telephone ()
Date Employed	Date Left	Starting Salary	Last Salary
Your Position	Reason for Leaving		
Duties:			
Name & Position of Immediate Supervisor	Name & Position of a Co-Worker	Name & Position of a Subordinate (if applicable)	
May we ask the above people for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," why?			

3. Name & Address of Previous Employer			Telephone ()
Date Employed	Date Left	Starting Salary	Last Salary
Your Position	Reason for Leaving		
Duties:			
Name & Position of Immediate Supervisor	Name & Position of a Co-Worker	Name & Position of a Subordinate (if applicable)	
May we ask the above people for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," why?			

4. Name & Address of Previous Employer			Telephone ()
Date Employed	Date Left	Starting Salary	Last Salary
Your Position	Reason for Leaving		
Duties:			
Name & Position of Immediate Supervisor	Name & Position of a Co-Worker	Name & Position of a Subordinate (if applicable)	
May we ask the above people for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," why?			

5. Name & Address of Previous Employer			Telephone ()
Date Employed	Date Left	Starting Salary	Last Salary
Your Position	Reason for Leaving		
Duties:			
Name & Position of Immediate Supervisor	Name & Position of a Co-Worker	Name & Position of a Subordinate (if applicable)	
May we ask the above people for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," why?			

Please explain any gaps in your Employment History _____

I hereby certify that the answers given and the facts set forth in the above employment application are true and complete and no attempt has been made by me to conceal pertinent information. I acknowledge that all facts and statements are subject to investigation by Quality Manufacturing Corporation and that if through investigation, at any time during employment, any fact or misleading information is found to exist in this application, I understand I will be subject to discharge from employment.

Signature of Applicant _____ Date _____

APPLICATION FOR EMPLOYMENT ATTACHMENT 1

We ask that you volunteer the following information to assist us in complying with federal and state laws governing affirmative action and non-discrimination in employment.

Your refusal to complete this information will not affect the outcome of your application for employment.

Race: _____ White _____ Hispanic _____ American Indian/Alaskan Native
_____ Black _____ Asian/Pacific Islander _____ Other (please list) _____

Sex: _____ Male _____ Female

Disability: You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

- Yes I have a disability (or previously had a disability)
 No I don't have a disability
 I don't wish to answer

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

Please let us know if you require a reasonable accommodation; _____

VETERAN/U.S. MILITARY STATUS: If you believe you belong to any of the categories of protected veterans listed below, please indicate by checking the appropriate box. As a contractor of Federally-funded projects, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

- Disabled Veteran;** A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or A person who is discharged or released from active duty because of a service-connected disability.
- Recently Separated Veteran;** Any veteran during the three-year period beginning on the date of discharge or release from active duty in the U.S. military, ground, naval or air service.
- Other Protected Veteran;** A veteran who served on active duty in the U.S. Military during a war or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- Armed Forces Service Medal Veteran;** veteran who served on active duty for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Referral Source: How did you first learn of this position?

- | | |
|---|---|
| ___ Friend (give name) _____ | ___ Relative (give name) _____ |
| ___ QMC Employee (give name) _____ | ___ Walk-In |
| ___ Employment Agency (give name) _____ | ___ Career Fair (give location) _____ |
| ___ Internet Source: | ___ Other (list source) _____ |
| ___ Careerbuilder.com | ___ Quality Manufacturing Corporation Website |
| ___ Educational Institution | ___ Des MoinesHelpWanted.com |
| ___ JobDig | ___ Other (give name) _____ |

Name _____ Phone _____ Date _____

DISCLOSURE REGARDING BACKGROUND CHECK

The Quality Manufacturing Corporation may obtain information about you from a third party consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by **Verified Credentials, 20890 Kenbridge Court, Lakeville, MN 55044, 800-473-4934, www.verifiedcredentials.com**. The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports throughout the course of your employment to the extent permitted by law.

Note to Applicant – Please keep this page for your records

Background Check Release

Authority to Release Information

I understand that in processing my application with Quality Manufacturing Corporation, an investigation may be made in which information is obtained through personal interviews, and a review of information held by law enforcement or other government agencies. I authorize you to verify my past employment and education, criminal records, credit history, motor vehicle records, personal references, and other job related data provided on this application, or via the interview process. I authorize the appropriate individuals, companies, institutions or agencies to release information, and I release them from any liability as a result of such inquiries or disclosures. A consumer report may be generated summarizing this information.

I further understand and waive my right of privacy in this investigation and release and hold harmless Quality Manufacturing, and its agent Verified Credentials, Inc. from any liability.

I have a right under the "Fair Credit Reporting Act" to obtain a copy of this report by directing a written request to Verified Credentials, Incorporated at 1-800-473-4934.

I agree that any decision to hire me is contingent upon the results of my report, and certify that all statements and answers on my application, resume, or interview are true and complete to the best of my knowledge. I understand that if any statements are found to be false or that if information has been omitted, this will be cause for disqualification and immediate termination of my employment.

Last Name	First Name	Middle Name
Other Names Used		Date of Change
Street Address		
City	State	Zip Code
Please list the Cities and States you have lived in, if the above address does not encompass 7 years		
Home E-mail Address:	Phone:	
Social Security Number:	Date of Birth (for background check ID):	
Drivers License Number:	State Issued:	

I UNDERSTAND THAT A PHOTOCOPY OF THIS AUTHORIZATION WOULD BE ACCEPTED WITH THE SAME AUTHORITY AS THE ORIGINAL.

Signature	Date
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