



Employment Application Form

*Proud to be an Equal Opportunity Employer
and a Drug-Free Workplace!*

POSITION APPLIED FOR		APPLICANT NAME	
TODAYS DATE:	PAY RANGE DESIRED:	DATE YOU COULD REPORT FOR WORK:	REFERRED BY:

NAME AND ADDRESS			
NAME (LAST, FIRST, M.I.):		HOME TELEPHONE (include area code):	
MAILING ADDRESS:		WORK TELEPHONE (include area code):	
CITY	STATE	ZIP CODE:	OTHER (include area code):
HOW LONG AT ABOVE ADDRESS?		<input type="checkbox"/> PAGER <input type="checkbox"/> CELL PHONE <input type="checkbox"/> MESSAGE	

MAY WE CONTACT YOUR:	PRESENT EMPLOYER:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	PREVIOUS EMPLOYER(S)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

A FINAL OFFER OF EMPLOYMENT WILL BE CONTINGENT UPON SATISFACTORY REFERENCES

CAN YOU, IF EMPLOYED, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF HIRED, CAN YOU OFFER PROOF THAT YOU ARE AT LEAST 18 YEARS OF AGE? <input type="checkbox"/> Yes <input type="checkbox"/> No
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AFTER REVIEWING THE JOB DESCRIPTION, ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING, WITH OR WITHOUT REASONABLE ACCOMMODATION?

Yes No IF NO, PLEASE EXPLAIN:

DO YOU HAVE A VALID DRIVERS LICENSE? *(Only for positions requiring driving as an essential function of the job.)*

Yes No

STATE ISSUED: LICENSE NUMBER: EXPIRATION DATE: CDL CLASS:

IF YOU APPLYING FOR A DRIVING POSITION, A CURRENT DMV PRINTOUT MUST BE ATTACHED TO THIS APPLICATION.

WORK SCHEDULE AVAILABILITY			
Type of schedule you are seeking:			
<input type="checkbox"/> FULL TIME	<input type="checkbox"/> FULL OR PART TIME	<input type="checkbox"/> PART TIME ONLY	<input type="checkbox"/> SEASONAL
Days and hours you are available to work:			
Sunday:	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening <input type="checkbox"/> Any
Monday:	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening <input type="checkbox"/> Any
Tuesday:	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening <input type="checkbox"/> Any
Wednesday:	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening <input type="checkbox"/> Any
Thursday:	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening <input type="checkbox"/> Any
Friday:	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening <input type="checkbox"/> Any
Saturday:	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening <input type="checkbox"/> Any

TO ALL PROSPECTIVE EMPLOYEES --
IF YOU DO ILLEGAL DRUGS,
PLEASE DON'T BOTHER TO APPLY.
DIAMOND DOES DRUG TESTING!

EDUCATION / TRAINING HISTORY

List colleges, military, trade, business or other schools attended.

Do you have a high school diploma or a GED certificate? (Check one) YES NO

	Name and Location Of School, College, or University	Course of Study (List Major)	Credits Earned Check One & Indicate Hours	Did You Graduate? (Yes / No)	Degree or Certificate Received (AA, BA, BS, MA, PhD)
A			<input type="checkbox"/> Quarter <input type="checkbox"/> Semester <input type="checkbox"/> Clock		
B			<input type="checkbox"/> Quarter <input type="checkbox"/> Semester <input type="checkbox"/> Clock		
C			<input type="checkbox"/> Quarter <input type="checkbox"/> Semester <input type="checkbox"/> Clock		

SPECIALIZED SKILLS AND KNOWLEDGE

List skills or knowledge that show your ability to perform the job for which you are applying (such as typing speed, software programs, cashiering experience, foreign languages, home improvement or retail experience, etc.).

Also please summarize special skills & qualifications that are relevant to the position(s) applied for.

WORK HISTORY

JOB NUMBER 1 (current or most recent position)			
NAME OF EMPLOYER		EMPLOYER'S ADDRESS and PHONE NUMBER	
KIND OF BUSINESS		SUPERVISOR'S NAME and PHONE NUMBER	
YOUR JOB TITLE		SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR:	
FROM (MONTH - YEAR)	TO (MONTH - YEAR)	<input type="checkbox"/> Assigning and Reviewing Work	<input type="checkbox"/> Handling Disciplinary Problems
		<input type="checkbox"/> Rating Work Performance	<input type="checkbox"/> Responding to Grievances
		<input type="checkbox"/> Hiring or Recommending Hiring	<input type="checkbox"/> Not Responsible for Any of Above
STARTING SALARY:	FINAL SALARY:	HOURS WORKED PER WEEK (Average)	NUMBER OF EMPLOYEES SUPERVISED:
DUTIES (List all duties you performed. No credit will be given if this section is not completed.):			
Reason for leaving (or if still employed, wanting to leave) this position:			

JOB NUMBER 2			
NAME OF EMPLOYER		EMPLOYER'S ADDRESS and PHONE NUMBER	
KIND OF BUSINESS		SUPERVISOR'S NAME and PHONE NUMBER	
YOUR JOB TITLE		SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR:	
FROM (MONTH - YEAR)	TO (MONTH - YEAR)	<input type="checkbox"/> Assigning and Reviewing Work	<input type="checkbox"/> Handling Disciplinary Problems
		<input type="checkbox"/> Rating Work Performance	<input type="checkbox"/> Responding to Grievances
		<input type="checkbox"/> Hiring or Recommending Hiring	<input type="checkbox"/> Not Responsible for Any of Above
STARTING SALARY:	FINAL SALARY:	HOURS WORKED PER WEEK (Average)	NUMBER OF EMPLOYEES SUPERVISED:
DUTIES (List all duties you performed. No credit will be given if this section is not completed.):			
Reason for leaving this position:			

JOB NUMBER 3			
NAME OF EMPLOYER		EMPLOYER'S ADDRESS and PHONE NUMBER	
KIND OF BUSINESS		SUPERVISOR'S NAME and PHONE NUMBER	
YOUR JOB TITLE		SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR:	
FROM (MONTH - YEAR)	TO (MONTH - YEAR)	<input type="checkbox"/> Assigning and Reviewing Work	<input type="checkbox"/> Handling Disciplinary Problems
		<input type="checkbox"/> Rating Work Performance	<input type="checkbox"/> Responding to Grievances
		<input type="checkbox"/> Hiring or Recommending Hiring	<input type="checkbox"/> Not Responsible for Any of Above
STARTING SALARY:	FINAL SALARY:	HOURS WORKED PER WEEK (Average)	NUMBER OF EMPLOYEES SUPERVISED:
DUTIES (List all duties you performed. No credit will be given if this section is not completed.):			
Reason for leaving this position:			

JOB NUMBER 4			
NAME OF EMPLOYER		EMPLOYER'S ADDRESS and PHONE NUMBER	
KIND OF BUSINESS		SUPERVISOR'S NAME and PHONE NUMBER	
YOUR JOB TITLE		SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR:	
FROM (MONTH - YEAR)	TO (MONTH - YEAR)	<input type="checkbox"/> Assigning and Reviewing Work	<input type="checkbox"/> Handling Disciplinary Problems
		<input type="checkbox"/> Rating Work Performance	<input type="checkbox"/> Responding to Grievances
		<input type="checkbox"/> Hiring or Recommending Hiring	<input type="checkbox"/> Not Responsible for Any of Above
STARTING SALARY:	FINAL SALARY:	HOURS WORKED PER WEEK (Average)	NUMBER OF EMPLOYEES SUPERVISED:
DUTIES (List all duties you performed. No credit will be given if this section is not completed.):			

Reason for leaving this position:

JOB NUMBER 5

NAME OF EMPLOYER		EMPLOYER'S ADDRESS and PHONE NUMBER	
KIND OF BUSINESS		SUPERVISOR'S NAME and PHONE NUMBER	
YOUR JOB TITLE		SUPERVISION / LEADWORK CHECK AREAS YOU WERE RESPONSIBLE FOR:	
FROM (MONTH - YEAR)	TO (MONTH - YEAR)	<input type="checkbox"/> Assigning and Reviewing Work	<input type="checkbox"/> Handling Disciplinary Problems
		<input type="checkbox"/> Rating Work Performance	<input type="checkbox"/> Responding to Grievances
		<input type="checkbox"/> Hiring or Recommending Hiring	<input type="checkbox"/> Not Responsible for Any of Above
STARTING SALARY:	FINAL SALARY:	HOURS WORKED PER WEEK (Average)	NUMBER OF EMPLOYEES SUPERVISED:

DUTIES (List all duties you performed. No credit will be given if this section is not completed.):

Reason for leaving this position:

STIPULATION FOR EMPLOYMENT CONSIDERATION

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that falsifications and/or omissions in any detail on this application or during the hiring process are grounds for disqualification from consideration for employment or if hired for dismissal from employment. I authorize the Company to investigate any information provided by me. I also authorize my prior employers, educational institutions and other persons to furnish the Company with any information they have about me.

I understand that an offer of employment may be conditioned on passing a job-related physical examination and/or drug test. If requested, I agree to take a physical examination and/or drug test at the time and place designated by the Company. I understand that I will be required to disclose convictions of a criminal offense when an interview is conducted or prior to a conditional offer of employment. Convictions will not necessarily disqualify applicant from employment. I also understand that a reference and criminal background check might be performed.

I agree to release the Company and all persons furnishing information to the Company, and to hold them harmless, from any claim or liability arising in connection with furnishing information to the Company, or in connection with the taking or use of a physical examination and/or drug test.

I understand that, if hired, I will be employed on an "at will" basis, meaning that my employment may be terminated at any time with or without cause or notice. I also understand that nothing which is said or done during the hiring process, or during my employment if I am hired, is intended to create any different kind of employment relationship, and that the "at will" employment relationship can only be changed by a written agreement signed by the Company's General Manager which sets forth the terms of a different employment relationship.

If hired, I will abide by the Company's rules, policies and regulations, including its "smoke free" workplace and confidential information/non-disclosure policies. I also understand that, depending on the nature of my position, I may be required to sign an agreement prohibiting disclosure of confidential information and solicitation of Company customers and employees, among other things.

In exchange for being considered for employment, I agree to all of the foregoing.

By signing in the space provided below, the undersigned acknowledges that he/she has read, agrees with and understands the above Stipulation for Employment Consideration

APPLICANTS FULL LEGAL NAME:	SOCIAL SECURITY NUMBER:
SIGNATURE (Must be signed IN INK):	DATE:

Thank you for choosing Diamond Home Improvement!