



Employment Application Form

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

POSITION APPLIED FOR APPLICANT NAME
TODAY'S 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
CELL PHONE MESSAGE

MAY WE CONTACT: YOUR PRESENT EMPLOYER YES NO
YOUR PREVIOUS EMPLOYER(S) YES 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.?
IF HIRED, CAN YOU OFFER PROOF THAT YOU ARE AT LEAST 18 YEARS OF AGE?

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:
FULL-TIME FULL- OR PART-TIME PART-TIME ONLY SEASONAL

DAYS AND HOURS YOU ARE AVAILABLE TO WORK:
SUNDAY: MORNING AFTERNOON EVENING ANY
MONDAY: MORNING AFTERNOON EVENING ANY
TUESDAY: MORNING AFTERNOON EVENING ANY
WEDNESDAY: MORNING AFTERNOON EVENING ANY
THURSDAY: MORNING AFTERNOON EVENING ANY
FRIDAY: MORNING AFTERNOON EVENING ANY
SATURDAY: MORNING AFTERNOON EVENING ANY

TO ALL PROSPECTIVE EMPLOYEES --
DIAMOND HOME IMPROVEMENT ENFORCES A DRUG FREE WORKPLACE.
SUCCESSFUL APPLICANTS WILL BE REQUIRED TO SUBMIT TO 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 AND INDICATE HOURS	DID YOU GRADUATE? (YES/NO)	DEGREE OR CERTIFICATE RECEIVED (AA, BA, BS, MA, PHD)
<b>A</b>			<input type="checkbox"/> QUARTER _____ <input type="checkbox"/> SEMESTER _____ <input type="checkbox"/> CLOCK _____		
<b>B</b>					
<b>C</b>					

## 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

<b>JOB #1</b>	
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
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 #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)	
HOURS WORKED PER WEEK (Average)		NUMBER OF EMPLOYEES SUPERVISED	
		<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	
DUTIES (List all duties you performed. No credit will be given if this section is not completed.)			
REASON FOR LEAVING THIS POSITION			

JOB #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)	
HOURS WORKED PER WEEK (Average)		NUMBER OF EMPLOYEES SUPERVISED	
		<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	
DUTIES (List all duties you performed. No credit will be given if this section is not completed.)			
REASON FOR LEAVING THIS POSITION			

JOB #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)	
HOURS WORKED PER WEEK (Average)		NUMBER OF EMPLOYEES SUPERVISED	
		<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	
DUTIES (List all duties you performed. No credit will be given if this section is not completed.)			
REASON FOR LEAVING THIS POSITION			

JOB #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)
HOURS WORKED PER WEEK (Average)		NUMBER OF EMPLOYEES SUPERVISED
<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		
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.

APPLICANT'S FULL LEGAL NAME	
SIGNATURE (Must be signed in ink)	DATE

**Thank you for choosing Diamond Home Improvement**