

Diamond Cutting Employment Application

**PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE**

APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-4.

DATE

Name

Last First Middle Maiden

Present address

Number Street City State Zip

How long Social Security No. - -

Telephone ()

If under 18, please list age

Position applied for (1)

Days/hours available to work
No Pref Thur _____

and salary desired (2)

Mon Fri

(Be specific)

Tue Sat

Wed Sun

How many hours can you work weekly?

Can you work nights?

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When available for work?

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

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DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Driver's license
number _____ State of issue _____ Operator Commercial (CDL) Chauffeur
Expiration date _____

Have you had any accidents during the past three years? How many?

Have you had any moving violations during the past three years? How Many?

OFFICE ONLY

Typing Yes No _____ WPM
10-key Yes No
Word Processing Yes No _____ WPM
Personal Computer Yes No PC Mac Other Skills

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
Telephone (____) _____	Telephone (____) _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

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MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? __ Yes __ No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? __ Yes __ No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held.
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		Fro m	Start Fina
Your last job title			

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? _____