



13. Did you graduate from high school?  Yes  No
14. Are you currently employed?  Yes  No
15. May we contact your current employer?  Yes  No
16. Have you been convicted of a felony within the last 7 years or do you have any criminal/felony charges pending?  Yes  No
17. Can you travel if a job requires it?  Yes  No
18. On what date are you available for work? \_\_\_\_\_

	Name and Address of School	Course of study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate College				
Other (Specify)				

19. List any additional education (college, university, trade, or business school) number of credit hours completed or degree or equivalent earned:

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20. List any special experience, qualifications, or skills you have that you believe would help you do the job applied for:

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21. Do you have any of the following licenses or certifications?

\_\_\_ First Aid expiration \_\_\_\_\_ \_\_\_ Adult CPR expiration \_\_\_\_\_

22. List any experience you have in operating business or industrial equipment:

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**Previous Employment:**

<b>Company</b>	<b>Dates of Employment</b>	<b>Job Title</b>	<b>Pay Rate</b>	<b>Work Performed</b>
Name: _____ Address: _____ _____ Phone: _____ Supervisor: _____ Reason for leaving: _____				
Name: _____ Address: _____ _____ Phone: _____ Supervisor: _____ Reason for leaving: _____				
Name: _____ Address: _____ _____ Phone: _____ Supervisor: _____ Reason for leaving: _____				

## INFORMATION FOR APPLICANT

(Read Carefully Before Signing)

1. This application is valid for only thirty (30) days. If you have not been employed within thirty (30) days of your application, you must re-apply for a position.
2. By my signature below, I agree to the following:
  - A. I consent to take any physical examinations, including but not limited to tests for alcohol and drugs, that may be requested by Diamond Glazing, Inc. (1) following an offer of employment and prior to commencement of work; and (2) during the course of my employment, consistent with applicable law, including but not limited to the Americans with Disabilities Act. I further authorize any health care professional who performs such an examination or other medical status to release such information to Diamond Glazing, Inc.
  - B. I understand that any false statements or misleading omissions made by me in connection with my application or in responding to requests for information can be sufficient grounds for my rejection as a candidate for employment or for my immediate discharge.
  - C. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.
  - D. I understand that none of Diamond Glazing, Inc. practices or policies are to be construed as imposing any binding obligations on the Company, and that they are subject to change or deletion at any time.
  - E. I hereby authorize Diamond Glazing, Inc. to obtain from schools, former employers, or other individuals or institutions it contacts, any information in their possession regarding my employment history or qualifications for the job which I have applied.

### RELEASE AUTHORIZATION

I also hereby authorize any employer, law enforcement agency, administrator, state agency, institution or private information bureau that has any record or knowledge of workers compensation claims, motor vehicle operation history, or criminal history to provide Diamond Glazing, Inc. any such information. A telephonic facsimile (FAX) or a photographic copy of the authorization shall be as valid as the original. Permission is granted for information to be released by any state agency.

According to the Fair Credit Reporting Act, I am entitled to know if insurance or employment is denied because of information obtained by my prospective employer from a Consumer Reporting Agency. I will also be advised and be given names of the reporting agency or source of information.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature