



# Application for Employment

(Please Print)

NAME: (Last, First, MI) \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City State Zip Code

HOME PHONE: \_\_\_\_\_ MESSAGE PHONE OR PAGER: \_\_\_\_\_

POSITION APPLYING FOR: \_\_\_\_\_

SALARY REQUIREMENT: \_\_\_\_\_ DATE AVAILABLE TO START: \_\_\_\_\_

SCHEDULE:  FULL TIME  PART TIME - DAYS/HOURS AVAILABLE: \_\_\_\_\_

DO YOU HAVE A VALID UT DRIVERS LICENSE?  YES  NO

DO YOU HAVE ANY SPECIAL SKILLS, FLUENCY IN MULTIPLE LANGUAGES, TRAINING, LICENSES OR CERTIFICATES THAT MAY HELP YOU IN THE POSITION YOU ARE APPLYING FOR? \_\_\_\_\_

## EDUCATIONAL BACKGROUND

NAME AND LOCATION	YEARS COMPLETED	DID YOU GRADUATE?	COURSE OF STUDY
HIGH SCHOOL			
COLLEGE/TECH SCHOOL			
OTHER			

## REFERENCES

NAME	TELEPHONE	YEARS KNOWN



**EMPLOYMENT HISTORY**

PLEASE START WITH THE MOST RECENT EMPLOYER

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_

TITLE & DESCRIPTION OF DUTIES: \_\_\_\_\_

EMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY: STARTED \$ \_\_\_\_\_ TO \$ \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_

TITLE & DESCRIPTION OF DUTIES: \_\_\_\_\_

EMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY: STARTED \$ \_\_\_\_\_ TO \$ \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_

TITLE & DESCRIPTION OF DUTIES: \_\_\_\_\_

EMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY: STARTED \$ \_\_\_\_\_ TO \$ \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_

TITLE & DESCRIPTION OF DUTIES: \_\_\_\_\_

EMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY: STARTED \$ \_\_\_\_\_ TO \$ \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

**Residence: Previous 3 Years:**

\_\_\_\_\_  
ADDRESS CITY STATE ZIP CODE

\_\_\_\_\_  
ADDRESS CITY STATE ZIP CODE

\_\_\_\_\_  
ADDRESS CITY STATE ZIP CODE



# Application for Employment

(Please Print)

HAS YOUR LICENSE EVER BEEN SUSPENDED OR REVOKED? ( )YES ( )NO IF YES, EXPLAIN: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF DRIVING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS? ( )YES ( )NO  
IF YES, EXPLAIN: \_\_\_\_\_

DO YOU POSSESS A COMMERCIAL DRIVERS LICENSE: ( )YES ( )NO WHAT ENDORSEMENTS? \_\_\_\_\_

ANY RESTRICTIONS? \_\_\_\_\_

STATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

ARE YOU A CITIZEN OF THE UNITED STATES? YES NO WHEN CAN YOU BEGIN WORKING? \_\_\_\_\_

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? YES NO IF NO, EXPLAIN: \_\_\_\_\_

ARE YOU AVAILABLE TO WORK ALL SHIFTS, ANY DAY OF THE WEEK? YES NO IF NO, EXPLAIN: \_\_\_\_\_

HAVE YOU BEEN EMPLOYED WITH US BEFORE? YES NO IF YES, MONTH AND YEAR: \_\_\_\_\_

HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH US BEFORE? YES NO IF YES, MONTH AND YEAR: \_\_\_\_\_

DO YOU HAVE ANY RELATIVES WORKING FOR THIS COMPANY? YES NO DEPT.: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO IF YES, EXPLAIN AND DATES: \_\_\_\_\_

HAVE YOU EVER TESTED POSITIVE FOR CONTROLLED SUBSTANCES OR ALCOHOL? YES NO IF YES, EXPLAIN AND DATES: \_\_\_\_\_

IN CASE OF AN EMERGENCY, NOTIFY: \_\_\_\_\_  
NAME RELATIONSHIP PHONE NUMBER

I hereby certify that all questions answered are correct and authorize DIAMOND RENTAL to contact my former employers, references furnished, credit, background and all other sources that they see fit in order to verify the facts and information furnished with regard to my character and qualifications. Included in these qualifications will be the appropriate documents furnished by me verifying citizenship or valid authority to work in the United States. These will be furnished in conjunction with the immigration reform and control act of 1986 and/or other applicable laws. In addition, I understand that a pre-employment physical, controlled substance screening, and breath alcohol tests may or may not be performed and will be part of the determination of my ability to perform in the position for which I am applying. I understand that the completion of this form or any other application form of the company does not assure me a position with said company or obligates the company in any way. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. 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 notice or 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. I further understand that this application is not nor is it intended to be a contract of employment and that any employment relationship established between the applicant and the company may be terminated at the will of either the applicant or the company. Should any employment relationship occur, I understand that I am required to abide by all the rules and regulations of the company. I understand that any misleading, incorrect, or omitted statements may render this application void, and, if employed, would be cause of immediate discharge. **I CERTIFY THAT THIS APPLICATION WAS COMPLETED BY ME, AND ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.** I also understand and agree that any conduct which would have been reason for my discharge can and will be used against me by DIAMOND RENTAL even if it is acquired after my employment ceases. I agree to submit a urine sample and/or specimen for testing and agree to breath alcohol tests for the purpose of screening for pre-employment medical qualifications and thereafter as warranted by DIAMOND RENTAL policy or Federal Regulatory agencies. I agree to submit to blood testing for controlled substances and alcohol testing if it becomes necessary. I authorize any and all previous employers to disclose any employment history and controlled substance and alcohol test results upon request.

DATE: \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_