

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)
A			<input type="checkbox"/> QUARTER _____ <input type="checkbox"/> SEMESTER _____ <input type="checkbox"/> CLOCK _____		
B					
C					

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 #1	
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) <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
FROM (Month/Year) TO (Month/Year)	
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
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
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
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