



Employment Application

Applicant Information

First Name:	Middle:	Last Name:	
Street Address:			
City :	State:	Zip:	SS#:
Home Phone: ()	Cell: ()		
Preferred Method of Contact: <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone			
Position Applied For:			
Salary Desired: \$	Date Available:		
How were you referred to Blue Diamond?			
Are you over the age of 18?: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been convicted of a felony?: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain:			
Have you previously worked at this company?: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please list the dates you worked:			

Education History

High School:	Location:
From: To:	Did you graduate?: <input type="checkbox"/> Yes <input type="checkbox"/> No
Diploma:	
College:	Location:
From: To:	Did you graduate?: <input type="checkbox"/> Yes <input type="checkbox"/> No
Diploma:	
Other:	
From: To:	Did you graduate?: <input type="checkbox"/> Yes <input type="checkbox"/> No
Diploma:	

Employment History

Company:		Starting Salary:	
Phone:		Ending Salary:	
Address:			
Supervisor		From:	To:
Job Title:		Reason For Leaving:	
Responsibilities			
May we contact your previous supervisor for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Company:		Starting Salary:	
Phone:		Ending Salary:	
Address:			
Supervisor		From:	To:
Job Title:		Reason For Leaving:	
Responsibilities			
May we contact your previous supervisor for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Company:		Starting Salary:	
Phone:		Ending Salary:	
Address:			
Supervisor		From:	To:
Job Title:		Reason For Leaving:	
Responsibilities			
May we contact your previous supervisor for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

I understand that employment with Blue Diamond Industries, LLC (the Company) is at-will, meaning I or the Company may terminate my employment at any time, or for any reason consistent with applicable state and federal law.

I authorize the Company to conduct a thorough background investigation of my work and personal history, and verify all data given on this application and during the interviews. I hereby release the Company, and its representatives or agents, from any liability that might result from such an investigation. I authorize all individuals, schools, and firms named to provide any requested information and release them from all liability for providing requested information.

I understand that the Company requires the successful completion of a drug and/or alcohol test as a condition of employment

I understand this application will be active for a period of 90 days; after that time, if I wish to be considered for employment, I must submit a new application. I certify that all the statements in this completed application are true and understand that falsification or willful omission shall be sufficient cause for dismissal or refusal to hire.

Signature:

Date: