



Diamond Manufacturing of Bluffton
 505 East Jefferson Street Bluffton, OH 45817
 Phone (419) 358 – 0129 Fax (419) 358 – 0196
 Email: DiamondJobs@DiamondMB.com

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE

AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

DATE _____

NAME

LAST

FIRST

MIDDLE

LAST

PRESENT ADDRESS

STREET

CITY

STATE

ZIP

PHONE NUMBER

EMAIL ADDRESS

2ND PHONE NO

ARE YOU 18 YEARS OR OLDER?

Yes

No

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES?

Yes

No

EMPLOYMENT DESIRED

POSITION

DATE YOU CAN START

SALARY DESIRED

ARE YOU EMPLOYED NOW?

IF SO MAY WE CONTACT YOUR PRESENT EMPLOYER?

FIRST

EVER APPLIED TO THIS COMPANY BEFORE?

WHERE?

WHEN?

REFERRED BY

EDUCATION	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

MIDDLE

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL SKILLS

ACTIVITIES (CIVIC, ATHLETIC, ETC)

U.S. MILITARY OR NAVAL SERVICE

RANK

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES

(CONTINUED ON OTHER SIDE)

PERSONAL EMPLOYERS

(LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST).

DATE, MONTH AND YEAR	NAME AND PHONE NUMBER OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

WHICH OF THESE JOBS DID YOU LIKE BEST?

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

	NAME	PHONE NUMBER	BUSINESS	YEARS ACQUAINTED
1.				
2.				
3.				

IN CASE OF EMERGENCY NOTIFY

NAME	ADDRESS	PHONE NO.
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I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.

THIS WAIVER DOES NOT PERMIT THE RELEASE OR USE OF DISABILITY-RELATED OR MEDICAL INFORMATION IN A MANNER PROHIBITED BY THE AMERICAN WITH DISABILITIES ACT (ADA) AND OTHER RELEVANT FEDERAL AND STATE LAWS.

I HEREBY ACKNOWLEDGE THAT I HAVE BEEN INFORMED BY DIAMOND MANUFACTURING OF BLUFFTON THAT DIAMOND MANUFACTURING OF BLUFFTON MAY SEEK TO OBTAIN A CONSUMER REPORT AND/OR INVESTIGATIVE REPORT THAT WILL INCLUDE PERSONAL INFORMATION REGARDING ME, INCLUDING BUT NOT LIMITED TO, EDUCATIONAL HISTORY, WORK REFERENCES, DRIVING RECORD AND CRIMINAL CONVICTIONS OR ARREST RECORDS, IN ORDER TO ASSIST DIAMOND MANUFACTURING OF BLUFFTON IN MAKING EMPLOYMENT DECISIONS.

I FURTHER ACKNOWLEDGE BY DIAMOND MANUFACTURING OF BLUFFTON THAT REPORTS MAY BE PROVIDED TO DMB BY OTHER FIRMS CONTRACTED FOR THAT PURPOSE, I, MY HEIRS, ASSIGNS, AND LEGAL REPRESENTATIVES, HEREBY RELEASE AND FULLY DISCHARGE DIAMOND MANUFACTURING OF BLUFFTON FROM ANY AND ALL CLAIMS MONETARY OR OTHERWISE, THAT I MAY HAVE AGAINST DMB, ARISING OUT OF THE MAKING, OR USE OF, EITHER A CONSUMER REPORT AND/OR INVESTIGATIVE REPORT, INCLUDING ANY ERRORS OR OMISSIONS CONTAINED OR OMITTED FROM SUCH REPORTS.

DIAMOND MANUFACTURING OF BLUFFTON AGREES TO INFORM APPLICANT IF AN EMPLOYMENT DECISION HAS BEEN INFLUENCED BY INFORMATION CONTAINED IN A CONSUMER OR CRIMINAL HISTORY REPORT. APPLICANT MAY OBTAIN A FREE COPY OF THE REPORT WITHIN 60 DAYS BY CONTACTING DIAMOND MANUFACTURING OF BLUFFTON IN WRITING. A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT IS ON THE ATTACHED FORM.

IN COMPLIANCE WITH FEDERAL LAW, ALL PERSONS HIRED WILL BE REQUIRED TO VERIFY IDENTITY AND ELIGIBILITY TO WORK IN THE UNITED STATES AND TO COMPLETE THE REQUIRED EMPLOYMENT ELIGIBILITY VERIFICATION DOCUMENT FORM UPON HIRE.

DATE	SIGNATURE
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DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY	DATE
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REMARKS

HIRED:	POSITION	DEPT.
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SALARY / WAGE	DATE REPORTING TO WORK
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APPROVED	1.	2.	3.
	EMPLOYMENT MANAGER	DEPT. HEAD	GENERAL MANAGER