

EMPLOYMENT APPLICATION

THE DIAMOND CENTER

The Diamond Center
3515 Milton Ave.
Janesville, WI 53545
608-752-8003

jobs@thediamondcenter.com
www.thediamondcenter.com

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.

Position(s) Applied For:

Date of Application:

How did you learn about us?

Advertisement Friend Inquiry Employment Agency Relative Other: _____

Last Name:

First Name:

Middle:

Address:

City:

State:

ZIP:

Phone Number:

Social Security Number (voluntary):

- Best time to contact you is:
- If you are under 18 years of age, can you provide required proof of your eligibility to work?
 Yes No
- Have you ever filed an application with us before?
 Yes No
If yes, give date:
- Have you ever been employed with us before?
 Yes No
If yes, give date:
- Do any of your friends or relatives, other than spouse, work here?
 Yes No
If yes, state name, relationship and location:
- Are you currently employed?
 Yes No
- May we contact your current employer?
 Yes No
- Are you prevented from lawfully becoming employed in this because of Visa or Immigration Status?
(Proof of citizenship or immigration status will be required upon employment)
 Yes No
- Date Available to work:
- Are you able to work: Full Time Part Time
 Temporary (please include dates):
- What is your desired salary range?
- Are you currently on "lay-off" status and subject to recall?
 Yes No
- Can you travel if the job require it?
 Yes No

EDUCATION

School	Name of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (specify)				

We are an equal opportunity employer.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities.

Employer:	Dates Employed		Work Performed
Address:	From	To	
Phone:			
Job Title:	Hourly Rate/Salary		
Supervisor:	Starting	Final	
Reason for Leaving:			May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer:	Dates Employed		Work Performed
Address:	From	To	
Phone:			
Job Title:	Hourly Rate/Salary		
Supervisor:	Starting	Final	
Reason for Leaving:			May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer:	Dates Employed		Work Performed
Address:	From	To	
Phone:			
Job Title:	Hourly Rate/Salary		
Supervisor:	Starting	Final	
Reason for Leaving:			May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

REFERENCES

Do not include family members or supervisors listed above.

Name	Phone Number	Relationship	Occupation
1.			
2.			
3.			

ADDITIONAL INFORMATION

State any additional information you feel may be helpful to us in considering your application, including any job related training in the US military.

APPLICATION'S STATEMENT

I certify that answers given are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

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 cause.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

Applicant Electronic Signature

Date

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