

# Diamond Eye Mfg. Employment Application

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

## **PERSONAL INFORMATION**

DATE \_\_\_\_\_

NAME \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_  
LAST FIRST MIDDLE

PRESENT ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

MAILING ADDRESS \_\_\_\_\_  
PO BOX/SREET NUMBER CITY STATE ZIP

PHONE NUMBER \_\_\_\_\_ ARE YOU 18 YEARS OR OLDER?  YES  NO

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?  YES  NO

## **EMPLOYMENT DESIRED**

POSITION \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_ SALARY DESIRED \_\_\_\_\_

ARE YOU EMPLOYED NOW?  YES  NO IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?  YES  NO  
 HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE?  YES  NO WHERE? \_\_\_\_\_ WHEN \_\_\_\_\_  
 REFERRED BY \_\_\_\_\_

## **EDUCATION**

	<b>NAME &amp; LOCATION OF SCHOOL</b>	<b>#YEARS ATTENDED</b>	<b>DID YOU GRADUATE</b>	<b>SUBJECTS STUDIED</b>
<b>GRAMMAR</b>				<b>GENERAL</b>
<b>HIGH SCHOOL</b>				<b>GENERAL</b>
<b>COLLEGE</b>				
<b>TRADE, BUSINESS OR CORRESPONDENCE SCHOOL</b>				

## **GENERAL**

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK \_\_\_\_\_

SPECIAL SKILLS \_\_\_\_\_

ACTIVITIES (CIVIC, ATHLETIC, ETC.) \_\_\_\_\_  
EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS

U.S. MILITARY OR PRESENT MEMBERSHIP  
 NAVAL SERVICE \_\_\_\_\_ RANK \_\_\_\_\_ IN NATIONAL GUARD OR RESERVES \_\_\_\_\_

\*This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991

**FORMER EMPLOYERS (List below your last three employers, starting with the last one first)**

	NAME AND ADDRESS OF EMPLOYER	PHONE NUMBER	POSITION	SALARY	REASON FOR LEAVING
FROM _____ TO _____					
FROM _____ TO _____					
FROM _____ TO _____					
FROM _____ TO _____					

WHICH OF THESE JOBS DID YOU LIKE BEST? \_\_\_\_\_

WHAT DID YOU LIKE MOST ABOUT THIS JOB? \_\_\_\_\_

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

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED

The following statement applies in: Maryland & Massachusetts. (Fill in name of state) It is unlawful in the state of \_\_\_\_\_ to require a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.  
Signature of Applicant \_\_\_\_\_

**IN CASE OF EMERGENCY NOTIFY** \_\_\_\_\_

**NAME ADDRESS PHONE #**

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS OR MIS-REPRESENTATIONS ARE DISCOVERED, MY APPLICATIONS MAY BE REJECTED AND IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANIES OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE OTHER THAN THE PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING."

**DATE** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_  
REMARKS \_\_\_\_\_

NEATNESS \_\_\_\_\_ ABILITY \_\_\_\_\_  
HIRED YES \_\_\_\_\_ NO \_\_\_\_\_ POSITION \_\_\_\_\_ DEPT \_\_\_\_\_  
SALARY \_\_\_\_\_ WAGE \_\_\_\_\_ DATE REPORTING TO WORK \_\_\_\_\_  
APPROVED \_\_\_\_\_

EMPLOYMENT MANAGER DEPARTMENT HEAD GENERAL MANAGER



Diamond Eye Manufacturing, INC.  
107 W. Main Street  
Athena, Oregon 97813  
800.635.9950 - 541.566.0255  
Fax 541.566.0199

### Applicant Authorization for Reference Checks

I hereby authorize my past employers to release information to **Diamond Eye Manufacturing Inc.** regarding my employment. This release of information covers my employment record in general, including information on the following questions:

1. Dates of employment;
2. Position(s) held;
3. The quality and quantity of my work;
4. My attendance habits (excluding workers' compensation, pregnancy, disability FMLA and other protected absences);
5. My relationship with co-workers, supervisors and managers;
6. My attitude toward work (cooperative? positive? etc.);
7. Reason for leaving and eligibility for rehire (would the employer rehire if they had to do it all over again?);
8. Strong and weak points;
9. Willingness to comply with policies and standards;
10. Whether I have had outbursts of temper, threatened, provoked fights with or assaulted others, engaging in hostile or violent behavior;
11. Other relevant information regarding my performance, skills, ability, suitability for employment sought, etc.

**I agree that all former employers who provide such information are indemnified and released from liability arising from such disclosures. I also understand that if I do not sign this Authorization, my application will be rejected.**

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Print Name

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Signature

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Date