

# Diamond Eye Mfg. Employment Application

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

## PERSONAL INFORMATION

DATE \_\_\_\_\_

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

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

MAILING ADDRESS \_\_\_\_\_  
PO BOX/STREET 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

	#YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
NAME & LOCATION OF SCHOOL			
GRAMMAR			GENERAL
HIGH SCHOOL			GENERAL
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

## 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 NAVAL SERVICE \_\_\_\_\_ RANK \_\_\_\_\_ PRESENT MEMBERSHIP 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 CONDITTIIONS 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