



Application for Employment

PERSONAL DATA - If you have lived at current address less than one year, list previous address.				Today's Date
Name, Last	First	Middle		
Soc. Sec. #	Telephone #	Message #		
Street Address	City	County	State	Zip
Previous Address: Street	City	County	State	Zip
EDUCATION				
Date	School, Location	Degree/Diploma	Course of Study	
Date	School, Location	Degree/Diploma	Course of Study	
Date	School, Location	Degree/Diploma	Course of Study	
SPECIAL LICENSES, CERTIFICATIONS OR REGISTRATION				
License/Certification Type	License/Certification No.	State	Expiration Date	
License/Certification Type	License/Certification No.	State	Expiration Date	
CPR Expiration Date	Last Physical Exam Date	Lab TB/Chest X-Ray Date		
GENERAL INFORMATION				
<p>Are you legally authorized to work in the USA <input type="checkbox"/> Yes <input type="checkbox"/> No (If you became an employee of Diamond Medical Staffing, you will be required to provide documentation proving your eligibility to work in the USA)</p> <p>Have you every been convicted of a felony or misdemeanor crime? <input type="checkbox"/> Yes <input type="checkbox"/> No (This does not apply if the conviction has been expunged, is contained in a sealed record, or was a juvenile conviction.) A criminal conviction will not necessarily bar you from employment. We will consider the nature of the crime, the time that has expired since its occurrence and any rehabilitation you have undergone. <i>If yes, state the basis for each conviction and the date of the conviction:</i></p> <p>_____</p> <p>Are you able to perform the tasks according to the job description without accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If an accommodation is needed, how would perform the task and with what accommodation? _____</p> <p>How did you hear about Diamond Medical Staffing? <input type="checkbox"/> Newspaper <input type="checkbox"/> Job Fair/Open House <input type="checkbox"/> Employment Agency</p> <p><input type="checkbox"/> Diamond Medical Staffing employee (name) _____ <input type="checkbox"/> Work location _____</p> <p>In case of emergency, notify:</p> <p>_____ Telephone# _____ Relationship _____</p> <p>Address _____</p>				



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WORK EXPERIENCE - Please complete all appropriate items, even if you have already provided us with a resume.			
Company Name (Present or most recent employer)		Employment Dates From Mo ___ Yr ___ To Mo ___ Yr ___	
Company Address	Title	Salary Hourly \$ Annually \$	
Describe your most recent job duties and accomplishments:			
Name of Current Supervisor		Telephone #	May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, why not? _____
Explain reason for leaving		Are your employment records listed under another name? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what name? _____	
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Explain reason for leaving		Are your employment records listed under another name? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what name? _____	
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Please list any other work related information you think would be helpful to us in considering you for employment, such as foreign language competency, additional work experience, volunteer work, activities, accomplishments, publications, patents, thesis, etc.			
REFERENCES - Please list three individuals with whom you have worked who were in a position to evaluate your performance.			
Name	Company	Title	Phone #
Name	Company	Title	Phone #
Name	Company	Title	Phone #

Diamond Medical Staffing is an Equal Opportunity Employer