

Application for Employment

	PEI	RSONAL II	VFORM,	ATION			
Date of Application:							
Name:							
Last			,	First	, -	Middle	
Current Address: No. & Street	Cit	у	State	Zip	How long there?		
Telephone Number f hired, can you submit proof of le Have you ever committed or been (Commission or conviction of a cri f so, give date(s) and details:	convicted o	of a crime oth n automatic b	United Stat ner than a par to emp	minor traffic viola Noyment. All circu	_	☐ No	
		POSITION	I DESIR	= D	5. 子数流线(Sa		
Position applied for:		쓰다면도 함께다.					
Type of employment desired: (che		☐ Full-time		rt-time			
Are you willing to work overtime? Yes No Are you willing to work weekends? Yes No							
Are you willing to work shifts? Yes No							
EMPLOYMENT							
Have you ever worked for the Company?							
Have you ever applied with this Co	ompany?	☐ Yes	No If	so, when:			
Are you presently employed? 🔲	∕es ☐ No	May we co	ontact you	r present employ	er? 🔲 Yes 🔲	No	
	U.	.S. MILITA	RY SER	VICE			
Are you a member of National or S	State Guard	or Active Re	serve?	Yes N	lo		
Present Classification							
BRANCH DATES		VA/L	RANK	RAN			
	FROM	ТО	VVI	EN ENTERING	WHEN DISC	JARGED	
Kind of training:		1	ļ.				
LIST ANY REL	ATIVES O	R FRIEND	S EMPL	OYED BY THE	E COMPANY:	in Sugar-18	
NAME		RELATIONSHIP		WHERE (CITY) EMPLOYED			

Application is current for only 30 days, Equal Opportunity Employer.

WORK HISTORY

PLEASE ACCOUNT FOR YOUR TIME FOR AT LEAST THE PAST TEN YEARS, BEGIN WITH PRESENT AND WORK BACKWARDS

Name of present (or most recent) employer				
Complete address (street/city/zip)		Telephone Number		
Job Title				
Starting Date	Leaving Date			
Name of Last Supervisor	_1			
Reason for leaving				
Give reason for and length of inactivity between above job and below (if application)	ole).			
Name of present (or most recent) employer Employer's Busines				
Complete address (street/city/zip)		Telephone Number		
Job Title				
Starting Date	Leaving Date	Leaving Date		
Name of Last Supervisor	1,			
Reason for leaving				
Give reason for and length of inactivity between above job and below (if application)	ble).			
EDUCATION 6	& TRAINING			
EDUCA				
ligh School: College:				
Other: (Trade or VocationalPROFESSIONAL	REFERENCE			
lame:	INCILITEMOL			
Address:				
none number: () Occupation:				
lame:				
Address:	Oppurations			
Phone number: ()	Occupation:			
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I, the undersigned, agree to the following: (1) That all information supplied in this application and any attached resume is true and correct and that any false or misleading information furnished by me regarding my application will be sufficient cause for rejection of this application or immediate dismissal if employed by DIAZ Inc., herein called the "Company;" (2) That, if such is required, I will take a drug/alcohol screen test during the application process or during employment if hired, and, if required, will submit to a physical examination after a conditional offer of employment, if one is made, or during employment if hired and will permit the results to be released to the Company and to release all persons and companies from any liability arising out of such examination or testing; (3) That if hired, I agree to abide by and observe all Company rules and regulations and agree that my employment is at-will and can be terminated with or without cause and with or without notice at any time at either the option of the Company or the employee and that these terms can only be modified by the President of the Company, in writing, provided that such writing specifically acknowledges that it is a modification of this agreement and is signed by the President; (4) That if hired, I may be on a ninety (90) day introductory period during which time I may be discharged without recourse; and (5) That the use of this application form does not indicate there are any positions open and does not in any way obligate the Company or it's associated Companies.

RELEASE

I, the undersigned, authorize to be released to DIAZ, Inc. all information concerning my military service, former employment, and/or criminal convictions prior to my employment with the Company or in the future if I am employed by the Company.

Date:	Signature of Applicant:	
Date	Signature of Applicant.	