



## Employment Application

**PLEASE PRINT.** To be considered for employment, this application form must be completed & signed personally by the applicant. Each question must be answered in full, even if a resume is provided. If an answer is *NO* or *NOT APPLICABLE*, please indicate as so. **PLEASE Download, save and E-Mail this Completed Application to Jobs@Diemolding.com.**

Diemolding Corp. is an Equal Opportunity Employer. All applications are considered without regard to race, color, religion, gender, national origin, age, sexual orientation, genetic predisposition or carrier status, disability, marital status, veteran status, or any other legally protected class or status. **Any application that provides unrequested information will automatically be rejected.**

Please notify a company representative if a reasonable accommodation is needed to participate in the application and/or interviewing process.

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Part Time  Temporary  Full Time

Day  Evening

Position Applied for: \_\_\_\_\_

Are you 18 years or older? YES  NO

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for this company? YES  NO  If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO  If yes, explain: \_\_\_\_\_

Do you have reliable transportation? YES  NO

Are you able to work any shift? YES  NO

Are you able to work overtime? YES  NO

What days are you available?

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

## Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree, Special Training or Focus of Study: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other (trade, etc.): \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

## Previous Employment – Most Recent First

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employed from: \_\_\_\_\_ To: \_\_\_\_\_ May we contact your current employer?  Yes  No

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employed from: \_\_\_\_\_ To: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employed from: \_\_\_\_\_ To: \_\_\_\_\_

## References

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

## Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my termination of employment. I also understand and accept that the policies, procedures, rules and benefits contained in the company's employee handbook, benefit plans, and other written documents should not be considered an employment contract for any period of time.*

*I understand that any offer of employment is contingent upon successfully completing a pre-employment physical and drug test.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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