



D R U G S , I N C .

645 Kolter Drive Commerce Park • Indiana, PA 15701-3570

PHONE: 724-349-1111 • FAX: 724-349-2944

EMPLOYMENT APPLICATION

An Equal Opportunity Employer

PERSONAL (Please Print Using Ball Point Pen).				DATE:	
Last Name	First	Middle	Cell Phone Number	Home Telephone	
Address			City	State	Zip
Are you at least 18 years of age? ___ YES ___ NO If under 18, list date of birth Month/Day/Year ___/___/___	Have you ever worked for Diamond before? ___ YES ___ NO	Have you ever applied here before ___ YES ___ NO	Have you ever been convicted of a crime? ___ YES ___ NO		

EMPLOYMENT INTERESTS AND SKILLS

Type of Employment you are Seeking:

- ___ Full-Time (36-40 hours)
 ___ Partially-Benefited (30-35 hours)
 ___ Part-Time (30 or less hours)

Date Available for Work _____
 Total Hours Expected _____
 Wages Expected _____

I Am Available To Work The Following

Shift: ___ Day ___ Night ___ Any Shift

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
FROM							
TO							

___ Any Time

<u>Type of work Preferred:</u>	<u>Position Desired:</u>	<u>Years Of Experience In This Work:</u>
If applying for Delivery position please provide Valid PA Driver's License # _____ Exp. Date: _____		

Names of other employees in this company with whom you are acquainted: _____

 How did you know of this opening? _____

EDUCATION			
Name and address of school	Types of courses of program study	Length of course	Complete course?



Name: _____ Date: _____

Give past employment as completely as possible, starting with you present or latest employer, including summer employment. For any unemployed or self-employed periods, show dates and location.

	Month	Day	Year	Employer's Name & Address, City, State and Zip	Name & Title of Immediate Supervisor	Last Position & Wage	Reason for Leaving
From				Employer: Address: Phone Number:			
To							

Job Duties: _____

	Month	Day	Year	Employer's Name & Address, City, State and Zip	Name & Title of Immediate Supervisor	Last Position & Wage	Reason for Leaving
From				Employer: Address: Phone Number:			
To							

Job Duties: _____

	Month	Day	Year	Employer's Name & Address, City, State and Zip	Name & Title of Immediate Supervisor	Last Position & Wage	Reason for Leaving
From				Employer: Address: Phone Number:			
To							

Job Duties: _____

Why do you wish to leave your present employer? _____

State any additional information you think would be of interest to us in considering your application, such as skills and abilities: _____

List 1 personal reference: Name: _____ Phone: _____ Yrs. Acquainted: ____

List 2 professional references: Name: _____ Phone: _____ Yrs. Acquainted: ____

Name: _____ Phone: _____ Yrs. Acquainted: ____

STATEMENT OF ACCURACY AND RELEASE (Read Before Signing)

ALL APPLICANTS ARE SUBJECT TO A CRIMINAL BACKGROUND CHECK

I certify that the information contained in this application is complete and correct. I understand that incomplete or incorrect information may be grounds for termination if I am hired. I authorize all schools, former employers, references, arrest records and others who have information about me, to provide such information to the employer and release all parties from any liabilities for any damage that may result from providing such information.

If employed I agree to conform to the rules, regulations, policies and procedures, of the employer and agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of the employer or me.

This application is considered current for 1 year. If you wish to be considered for later employment, you must renew and update your application in writing.

Signature: _____ Date _____