



DIAMOND DRUGS, INC

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: ____/____/____
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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's before? ____ YES ____ NO	Have you ever applied here before? ____ YES ____ NO	Have you ever been convicted of a crime? ____ YES ____ NO
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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 <table border="1" style="width: 100%; text-align: center;"><thead><tr><th>Mon</th><th>Tue</th><th>Wed</th><th>Thu</th><th>Fri</th><th>Sat</th><th>Sun</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></tbody></table> FROM TO	Mon	Tue	Wed	Thu	Fri	Sat	Sun														
Mon	Tue	Wed	Thu	Fri	Sat	Sun																

<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 Driver's License # _____ State ____ 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	Completed course?

Name: _____ Date: _____

Give past employment as completely as possible, starting with your 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:			
To				Address: Phone Number:			

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:			
To				Address: Phone Number:			

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:			
To				Address: Phone Number:			

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 1 professional reference: Name: _____ Phone: _____ Yrs. Acquainted: _____

STATEMENT OF ACCURACY (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.

In consideration of my employment 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.

I agree to an initial urine drug screen and random urine drug screenings.

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: _____, 200__