

Reason For Leaving:

## **Black Diamond** Investigations & Security, Inc.

P.O. Box 1299 • Gillette, WY 82717-1299 (307) 682-3059

**Todays Date** 

## **Employment Application**

Equal opportunity employer. Applicants are considered for employment without regard to sex, marital status, race, color, religion, creed, national origin, age, physical or mental disability. (Employment sometimes specifies age requirements.) Your application is a permanent part of your record. Last Name First Name Street Address Zip State City Contact Number **Birthdate** Place of Birth Yes No US Military Service To: Branch of Service From: Do you prefer to Work: Weekends Davs **Evenings** Anv Check preference Transportation to the Job? Hours Available Hours Available Hours Available Hours Available Yes ( No. Education **Years Completed** Graduate/Professional College/University Major **High School** 1 2 3 (1) (2) (3) (4) Yes O No (9) **(10**) (11) (12)Diploma/Degree/ Certification Other Education / No O Training? Yes 🔘 Explain if yes: **Employment History** List your most recent position first (Please do not "refer to resume") **Employer:** Work Performed Contact #: Address: Dates: Job Title: To: From: May We Contact This Empoyer? Supervisor: NO C Yes()

Employer:		Work Performed
Audress:	Contact #:	
Job Title:	Dates: From: To:	
Supervisor:	May We Contact This Empoyer?	7
	Yes O NOO	
Reason For Leaving:		
References	List three references other than relati	ves:
Name	Contact Number	Occupation Length of
		Acquaintance
1.		
2.		
3.		
statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.  If necessary for employment in a specific position, you may be required to have a physical examination, drug screen, to provide evidence of citizenship or date of birth, or to sign a conflict of interest agreement and abide by its terms.  Name:  Email:*		
I, the [applicant] for this Application, warrant the truthfulness of the information provided in this application.  Electronic Signature: *		
Please type your First and Last Name  I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.		