

APPLICATION OF EMPLOYMENT**2012****DIAMOND SURFACE, INC.**

17425 197th Avenue
Big Lake, MN 55309
763/262-2116
FAX 763/262-2119

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, disability, creed, veteran, status with regard to public assistance or the presence of a non-job related medical condition or handicap, size and/or lifestyle.

DATE OF APPLICATION: _____

REFERRED BY: _____

POSITION (S) APPLIED FOR: _____

NAME: _____ SOCIAL SECURITY: _____
Last First Middle

ADDRESS: _____ TELEPHONE : () _____

CITY: _____ STATE: _____ ZIP CODE: _____

ARE YOU 18 YEARS OF AGE OR OLDER? YES _____ NO _____

CAN YOU PROVIDE PROOF OF AGE? YES _____ NO _____

IF APPLYING FOR A TRUCK DRIVING POSITION, ARE YOU AT LEAST 21 YEARS OF AGE?
YES _____ NO _____ DO YOU HAVE A CDL? _____

RATE OF PAY EXPECTED? \$ _____

WOULD YOU BE INTERESTED IN WORKING SHIFTS? YES _____ NO _____

WHAT SHIFT WOULD YOU DESIRE? (1-1ST Choice, 2-2ND Choice, 3-3RD Choice)

MORNING _____ AFTERNOON _____ NIGHTS _____

*****EQUAL OPPORTUNITY EMPLOYER*****

DIAMOND SURFACE, INC.	
21025 COMMERCE BLVD. SUITE 900 ROGERS, MN 55374	2012

APPLICANT DATA RECORD

ALL APPLICANTS ARE CONSIDERED FOR POSITIONS AVAILABLE, AND EMPLOYEES ARE TREATED DURING EMPLOYMENT WITHOUT REGARD TO RACE, COLOR, CREED, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL STATUS OR STATUS WITH REGARD TO PUBLIC ASSISTANCE, VETERAN STATUS, MEDICAL CONDITION OR DISABILITY.

AS AN EMPLOYER, WE COMPLY WITH THE GOVERNMENT REGULATIONS AND AFFIRMATIVE ACTION RESPONSIBILITIES.

SOLELY TO HELP US COMPLY WITH THE GOVERNMENT RECORD KEEPING, REPORTING AND OTHER LEGAL REQUIREMENTS, PLEASE FILL OUT THE APPLICANT DATA RECORD. WE APPRECIATE YOUR COOPERATION.

THIS DATA IS FOR PERIODIC GOVERNMENT REPORTING AND WILL BE KEPT IN A CONFIDENTIAL FILE SEPARATE FROM THE APPLICATION FOR EMPLOYMENT.

(PLEASE PRINT)

DATE: _____

POSITION (S) APPLIED FOR: _____

REFERRAL SOURCE: _____ ADVERTISEMENT _____ FRIEND _____ RELATIVE
 _____ WALK-IN _____ STATE JOB SERV _____ OTHER: _____

NAME: _____ PHONE: () _____
 Last First Middle

ADDRESS _____
 Street City State Zip

AFFIRMATIVE ACTION SURVEY

Government agencies require periodic reports on sex, ethnicity, disabled and veteran status of applicants. This data is for analysis and affirmative action only. SUBMISSION OF INFORMATION IS VOLUNTARY.

Check one: _____ MALE _____ FEMALE

Check one of the following:
 Race/Ethnic Group _____ White _____ Black _____ Hispanic
 _____ American Indian/Alaskan Native
 _____ Asian/Pacific Islander

Check if any of the following are applicable:
 _____ Vietnam Era Veteran _____ Disabled Veteran _____ Disabled Individual

EMPLOYMENT HISTORY

ALL APPLICANTS MUST PROVIDE THE FOLLOWING INFORMATION ON ALL EMPLOYERS DURING THE PRECEEDING 3 YEARS.

APPLICANTS WHO DRIVE A COMMERCIAL MOTOR VEHICLE IN INTERSTATE OR INTRASTATE COMMERCE SHALL ALSO PROVIDE AN ADDITIONAL 7 YEARS INFORMATION ON THOSE EMPLOYERS FOR WHOM THE APPLICANT OPERATED SUCH VEHICLE.

(Attach sheet if more space is needed)

DATES

NAME: _____	FROM: _____	POSITION HELD: _____
ADDRESS _____	TO: _____	
CITY: _____ STATE _____ ZIP _____		
TELEPHONE: _____	REASON FOR LEAVING: _____	

NAME: _____	FROM: _____	POSITION HELD: _____
ADDRESS _____	TO: _____	
CITY _____ STATE _____ ZIP _____		
TELEPHONE _____	REASON FOR LEAVING: _____	

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4

COLLEGE: 1 2 3 4 LAST SCHOOL ATTENDED: _____
CITY: _____ STATE: _____

ACCIDENT RECORD FOR PAST 3 YEARS

(Attach a sheet if more space is needed)

(To be completed when applying for a position which involves driving)

<u>DATES</u>	<u>NATURE OF ACCIDENT</u>	<u>FATALITIES</u>	<u>INJURIES</u>
Last Accident: _____	_____	_____	_____
Next Accident: _____	_____	_____	_____

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS

(OTHER THAN PARKING VIOLATIONS)

<u>LOCATION</u>	<u>DATE</u>	<u>CHARGE</u>	<u>PENALTY</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EXPERIENCE AND QUALIFICATION-DRIVER

<u>DRIVER</u> <u>LICENSES</u>	<u>STATE</u>	<u>LICENSE</u> <u>NUMBER</u>	<u>TYPE</u>	<u>EXPIRATION</u> <u>DATE</u>	<u>DOT HEALTH CARD</u> <u>EXPIRATION DATE</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? YES _____ NO _____

HAS YOUR LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED? YES _____ NO _____

ADDITIONAL INFORMATION

FILL OUT NEATLY WITH PEN OR TYPEWRITER

WHAT TYPE OF CONSTRUCTION EQUIPMENT HAVE YOU OPERATED?

EMPLOYMENT WITH DIAMOND SURFACE, INC REQUIRES TRAVELING AND LENGTHY PERIODS AWAY FROM HOME. DO YOU HAVE ANY PROBLEMS OR WOULD YOU OBJECT TO TRAVELING? YES_____ NO_____

IF YES, EXPLAIN: _____

DIAMOND SURFACE, INC.

PLEASE READ CAREFULLY

EXAMINE YOUR APPLICATION BEFORE SIGNING TO SEE THAT YOU HAVE GIVEN AN ANSWER TO EACH AND EVERY ITEM

I certify that the facts set forth in this employment application (and any accompanying resume) are true and complete to the best of my knowledge. I understand that any falsification, omission, misrepresentation or concealment of information on this application may be sufficient grounds for disqualification from further consideration for hire or immediate discharge and that Diamond Surface, Inc. shall not be liable in any respect if my employment is so denied or terminated.

I authorize Diamond Surface, Inc. to verify the information contained in this application and to investigate my personal or employment history. I, also, authorize any former school, employer, person, firm, corporation, or government agency to give the Company information they may have about me. In consideration of the Company's review of this application, I release the Company and all providers of information from any liability as a result of furnishing and receiving this information.

I, further, agree that, if employed, my conduct will conform to Company rules and understand that unless otherwise specifically agreed to in writing; my employment can be terminated at any time with or without cause, and with or without notice, at my option or the option of the Company. I understand that no personnel recruiter, interviewer or other representative of the Company other than the President has the authority to enter into any agreement for employment for any specified period of time. I, also, understand that this application and any employment manuals or handbooks that may be distributed to me during the course of my employment shall not be construed as a contract.

DATE_____ SIGNATURE_____

THE MOST QUALIFIED APPLICANTS MAY BE CONSIDERED FOR AN INTERVIEW