



508 Glenbrook Road
Glen Burnie, MD 21061-3225
410-760-4940 • Fax: 410-760-4941
www.diamondfleetservices.com

PRE-EMPLOYMENT APPLICATION

Application Number: _____

Name: _____

Date: _____

Diamond Fleet Services, LLC is an Equal Opportunity Employer and will consider all applicants for employment without regard to race, sex, age, color, religion, national origin, veteran's status or other protected status. Furthermore, Diamond Fleet Services, LLC does not discriminate against qualified individuals with disabilities able to perform the essential functions of the job with or without reasonable accommodations.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on the application until all questions have been answered.

DO NOT WRITE BELOW THIS LINE

Summary of Interview:

Accepted for Employment: Yes No Position: _____

Starting Rate \$: _____ per Hr. Wk. Scheduled to Start Work: _____

Interviewed By: _____ Date: _____

Approved By: _____ Date: _____

PERSONAL INFORMATION:

Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Business Phone: _____

Are you over 18 years old? Yes No Social Security Number: _____

Have you ever applied for employment with us? Yes No

If yes, list month and year: _____ Location: _____

Position desired: _____

Pay desired: _____ Date you can start: _____

Other types of work you would consider: _____

Who or what led you to apply for a position with this company: _____

Are you legally eligible to be employed in the U.S.? Yes No

Are you now, or do you expect to be working in any other business or job? Yes No

Have you ever been convicted of any crime (excluding minor traffic violations) including DWI? Yes No (Do not include crimes for which the record has been expunged or pardoned).

If yes, state the offense, location, date and disposition: _____

NOTE: A conviction will not necessarily disqualify you from employment

Do you have the ability, with or without reasonable accommodations, to work overtime or to travel, if travel or overtime is required by the job for which you are applying? Yes No

In no, please explain: _____

Drivers License Number: _____ State of Issue: _____

License Class: _____ Is your Driver's License currently valid? Yes No

WORK HISTORY:

List names of employers in consecutive order with present or last employer listed first.
Account for all periods of time including military service and any periods of unemployment.
If self-employed, give firm name and supply business references.

Please complete in full, **DO NOT REFERENCE YOUR RESUME.**

1

Company Name:	Phone:	
City:	State:	Zip Code:
Your Position:	From (month/year):	To (month/year):
Starting Salary/Wages:	Final Salary/Wages:	
Supervisors Name:	Supervisors Title:	
Your Duties:		
Reason for Leaving:		
Nature of Business:		

2

Company Name:	Phone:	
City:	State:	Zip Code:
Your Position:	From (month/year):	To (month/year):
Starting Salary/Wages:	Final Salary/Wages:	
Supervisors Name:	Supervisors Title:	
Your Duties:		
Reason for Leaving:		
Nature of Business:		

3

Company Name:	Phone:	
City:	State:	Zip Code:
Your Position:	From (month/year):	To (month/year):
Starting Salary/Wages:	Final Salary/Wages:	
Supervisors Name:	Supervisors Title:	
Your Duties:		
Reason for Leaving:		
Nature of Business:		

EDUCATION:

High School Name:

Location:

Courses Studied:

Graduate? Yes No When?:

College Name:

Location:

Courses Studied:

Graduate? Yes No When?:

Other Education:

Location:

Courses Studied:

Graduate? Yes No When?:

MILITARY:

Have you ever served in the military? Yes No

If yes, which branch of service:

Date Entered:

Date Separated:

CAPABILITY / RELIABILITY:

Mention any outstanding features of your training and experience which you believe will assist us in evaluating your capabilities:

SUPPLEMENTAL EMPLOYMENT INFORMATION:

If you worked in any of your previous positions under another name, please give that name(s):

Other Name(s):

Are you presently employed?: Yes No If yes, may we contact your present employer? Yes No

Have you ever been fired, or asked to resign from a job? Yes No

If yes, please explain:

The above information is true and complete to the best of my knowledge. I expressly authorize Diamond Fleet Services, LLC to contact any company or individual it deems appropriate to investigate my employment history, character and qualifications and I give my full and complete consent to their revealing information as a result of this investigation. In addition, I hereby waive my right to bring any cause of action against these individuals for defamation, invasion of privacy or any other reason because of their statements.

I understand that, should I be offered a job, I will be required to take an initial physical examination, as well as periodic company-paid physical's during my employment. These physical's will have drug tests as part of them, and I agree to submit to these tests. Refusal will result in disqualification for further employment consideration. I acknowledge that, as a part of the application, I have signed a copy of the form entitled "Informed Consent & Release of Liability Drug Testing & Medicinal Intake." I have received a copy of this signed form.

I agree that, if I am employed, I will abide by all the rules and regulations of the company. I understand that the taking of drug and alcohol tests, when given pursuant to company policy, are a condition of continued employment and refusal to take such tests when asked will be grounds for my immediate termination. I understand that nothing in this employment application, in the Diamond Fleet Services, LLC statements or personnel guidelines, or in my communications with any Diamond Fleet Services, LLC official is intended to create an employment contract between Diamond Fleet Services, LLC and me. I also understand that Diamond Fleet Services, LLC has the right to modify its policies without giving me any notice of the change(s). No promises regarding employment have been made to me and I understand that no such promise of guarantee is binding upon Diamond Fleet Services, LLC unless in writing and signed by an Officer of Diamond Fleet Services, LLC

I understand that if I am employed by Diamond Fleet Services, LLC that my employment will be at-will employment, and that I may separate from my employment at any time for any reason. Similarly, Diamond Fleet Services, LLC reserves the right to terminate my employment at any time for any reason. The President is the only person who may make an exception to this, and in such cases the exception must be in writing, signed by the employee and the President, and specifically identified as an employment contract or agreement. Diamond Fleet Services, LLC reserves the right to direct and discipline its work force and to take whatever action is necessary in its judgment to operate the company.

I understand that any false statement by me in the application will be cause for my rejection or dismissal.

Applicant's Signature

FOR MARYLAND EMPLOYEES

Under Maryland Law, an employer may not require or demand, as a condition of employment, prospective employment, or continued employment that an individual submit to or take a lie detector or similar test. An employer who violates this law is guilty of a misdemeanor and subject to a fine not to exceed \$100.00.

Applicant's Signature

INFORMED CONSENT AND RELEASE OF LIABILITY DRUG TESTING & MEDICINAL INTAKE

I CONSENT freely and voluntarily to Diamond Fleet Services, LLC request for urine and/or blood specimens for an initial physical and in the future. I hereby release and hold harmless Diamond Fleet Services, LLC and its employees and agents from any liability whatsoever arising from the request to furnish my specimens, the test results of my specimens, and the decisions made concerning my application for employment or continued employment based upon the results of these tests.

THE PURPOSE of such analysis paid for by Diamond Fleet Services, LLC is to determine the absence or presence of drugs. I understand that this analysis will be conducted by a qualified testing laboratory.

I UNDERSTAND that the positive results on such tests will be communicated by the testing laboratory only to the officials of Diamond Fleet Services, LLC Employee Assistance Program. This information will be otherwise known only by senior company officials and this knowledge will be limited to the employees necessary for a fair decision to be made on the issue. Any positive initial result will be cause for a confirmation test to be run on the same sample.

I UNDERSTAND that, according to company policy which I have had explained to me, I am required as part of an initial physical examination, to submit a sample of my urine and blood for chemical analysis. My interviewer has given me a copy of this statement and the Company Policy on alcohol abuse and drug use. If I am offered a position and accept it, I hereby agree to abide by this policy.

Applicant /Employee Signature

Social Security Number

Diamond Fleet Services, LLC Signature

Position