



**Bradley Gough Diamonds**  
 4321 W. Jefferson Blvd.  
 Fort Wayne, IN 46804

**APPLICATION FOR  
 EMPLOYMENT**

PRE-EMPLOYMENT QUESTIONNAIRE  
 AN EQUAL OPPORTUNITY EMPLOYER

**PERSONAL INFORMATION**

NAME (LAST NAME, FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP
ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO		PHONE	

**DESIRED EMPLOYMENT**

POSITION	DATE YOU CAN START	SALARY DESIRED			
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME					
PLEASE INDICATE THE HOURS YOU ARE AVAILABLE TO WORK — MONDAY-FRIDAY 8:30~7:00 / SATURDAY 8:30~5:00					
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
WHY ARE YOU INTERESTED IN WORKING FOR OUR COMPANY?					
WHAT STRENGTHS WOULD YOU BRING TO OUR COMPANY?					
WHAT DIDN'T YOU LIKE ABOUT YOUR PREVIOUS JOBS?					

**EDUCATION**

	NAME & LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

# FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT)

## ANY OTHER RELEVANT EMPLOYMENT - ATTACH A SEPARATE SHEET

NAME OF PRESENT OR LAST EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE		JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY		MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR		TITLE	PHONE	
DESCRIPTION OF WORK				
REASON FOR LEAVING				

NAME OF PREVIOUS EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE		JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY		MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR		TITLE	PHONE	
DESCRIPTION OF WORK				
REASON FOR LEAVING				

NAME OF PREVIOUS EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE		JOB TITLE	
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY		MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR		TITLE	PHONE	
DESCRIPTION OF WORK				
REASON FOR LEAVING				

## REFERENCES

BELOW, GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR.

NAME	ADDRESS	PHONE	BUSINESS	YEARS ACQUAINTED

Have you been convicted of a Felony within the last 5 years?

YES

NO

## AUTHORIZATION

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE."

---

DATE

SIGNATURE