

WELCOME TO d.Diversified Services

Last Name:	First Name:	M.I.:	SS#:
Street:	City:	State:	Zip:
Home Phone:	Cell Phone:	Email Address:	
Voice Mail YES <input type="checkbox"/> NO <input type="checkbox"/>	Caller ID.: YES <input type="checkbox"/> NO <input type="checkbox"/>		
Emergency Contact Name:	Phone:	Relationship:	

Company:	<input type="checkbox"/> Check if approved for reference checking
Address:	Phone:
	Supervisor:
Date Started: _____ Date Ended: _____	Salary \$ _____ Per _____
Nature of Business:	
Job Responsibilities:	Position (s) Held:
Reason for Leaving:	

Company:	<input type="checkbox"/> Check if approved for reference checking
Address:	Phone:
	Supervisor:
Date Started: _____ Date Ended: _____	Salary \$ _____ Per _____
Nature of Business:	
Job Responsibilities:	Position (s) Held:
Reason for Leaving:	

Company:	<input type="checkbox"/> Check if approved for reference checking
Address:	Phone:
	Supervisor:
Date Started: _____ Date Ended: _____	Salary \$ _____ Per _____
Nature of Business:	
Job Responsibilities:	Position (s) Held:
Reason for Leaving:	

I hereby give d.Diversified Services, and / or its agents authorization to conduct reference checks of my past employment and/or educational experience with the knowledge, and understanding that I have no right to see any reference information obtained. Also, I authorize any third parties to furnish such information to d.Diversified Services with the understanding that said parties are released and held harmless from any liability for furnishing such information. I further understand this reference checking procedure to be a normal part of d.Diversified Services application process.

SIGNATURE: _____ PRINT NAME: _____

DATE: _____ S.S.# _____

NAME

CLASSIFICATION

RANGE

YEAR

NAME OF COLLEGE (IF APPLICABLE)

GRADE COMPLETED: (HIGH SCHOOL) 9 10 11 12									(COLLEGE) 1 2 3 4 5 6						DEGREE:	
BUSINESS SCHOOL:				LOCATION:				CERTIFICATE:				DIPLOMA:				
OTHER SCHOOLING OR TRAINING:																

MILITARY SERVICE:

BRANCH:				RESERVE OR NATIONAL GUARD OBLIGATION:									
FROM:		TO:		RANK:		ACTIVE: <input type="checkbox"/>		INACTIVE: <input type="checkbox"/>		NONE: <input type="checkbox"/>			

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

WHAT YEAR _____ FOR WHAT? _____

I HEREBY AUTHORIZE THIS COMPANY, AND ALSO AUTHORIZE AND REQUEST ANY CURRENT OR FORMER EMPLOYER, SCHOOL, FIRM, CORPORATION, OR GOVERNMENT AGENCY TO ANSWER ANY AND ALL QUESTIONS AND TO RELEASE OR PROVIDE ANY INFORMATION WITHIN THEIR KNOWLEDGE OR RECORDS AND I AGREE TO HOLD ANY OR ALL OF THEM BLAMELESS AND FREE OF LIABILITY FOR RELEASING ANY TRUTHFUL INFORMATION THAT IS WITHIN THEIR KNOWLEDGE OR RECORDS. IF EMPLOYED, I AGREE THAT IF ANY TIME I SHOULD MAKE CLAIMS AGAINST THE COMPANY FOR PERSONAL INJURIES, UPON WRITTEN REQUEST, I WILL SUBMIT MYSELF TO EXAMINATION BY A PHYSICIAN OR PHYSICIANS OF THE COMPANY'S SELECTION AS OFTEN AS MAY BE REASONABLY REQUESTED.

SHOULD I BE GIVEN EMPLOYMENT BY YOU AND ASSIGNED TO A TEMPORARY ASSIGNMENT IN EITHER THE POSITION APPLIED FOR, OR SOME OTHER, NOW OR HEREAFTER, I AGREE THAT SUCH EMPLOYMENT MAY BE TERMINATED BY YOU AT ANY TIME, WITH OR WITHOUT NOTICE, AND WITHOUT LIABILITY TO ME FOR WAGES OR SALARY, EXCEPT SUCH AS I MAY HAVE EARNED TO THE DATE OF SUCH TERMINATION. THIS PROVISION CANNOT BE CHANGED EXCEPT IN A WRITTEN EMPLOYMENT AGREEMENT SIGNED BY ME AND AN AUTHORIZED COMPANY REPRESENTATIVE.

IN COMPLIANCE WITH THE IMMIGRATION LAW, I UNDERSTAND THAT IF I AM OFFERED EMPLOYMENT BY THE COMPANY, I WILL NEED TO PRODUCE DOCUMENTS REQUIRED BY LAW WHICH ESTABLISHES MY IDENTITY AND AUTHORIZATION TO WORK IN THE UNITED STATES.

I AGREE THAT d.Diversified Services IS MY EMPLOYER. I FURTHER AGREE IT IS MY RESPONSIBILITY TO CALL d.Diversified Services WHEN AVAILABLE FOR WORK, TO NOTIFY THEM OF ANY CHANGE IN MY WORK STATUS AND TO CALL THEM WITH THE COMPLETION OF EACH WORK ASSIGNMENT. I AGREE THAT MY FAILURE TO NOTIFY THEM IN EACH INSTANCE WILL CONSTITUTE A VOLUNTARY QUIT OF THEIR EMPLOY. I ACKNOWLEDGE RECEIPT OF AND AGREE TO ADHERE TO THE TERMS OF THIS POLICY.

APPLICANT SIGNATURE DATE SERVICE REPRESENTATIVE DATE

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

PLEASE PUT A "✓" ON THE LINE NEXT TO ALL CLASSIFICATIONS YOU HAVE ON THE JOB EXPERIENCE WITH. PUT A "X" NEXT TO ALL AREAS YOU ARE TRAINED IN BUT HAVE NOT HAD EXPERIENCE.

- | | | | |
|---------------------|-------------------------------|--------------------------|-------------------------|
| Software | ___ Raiser's Edge (similar) | Data Entry/Typing | ___ Telemarketing |
| ___ Apple/Macintosh | ___ Crystal Reports | ___ Numeric | ___ Merchandising |
| ___ IBM Compatible | Desktop Publishing | ___ Alpha/Numeric | Miscellaneous |
| ___ Mainframe | ___ Adobe InDesign | ___ Reverse Keyboard | ___ Automotive |
| ___ DOS | ___ Adobe Photoshop | ___ Dictaphone | ___ Bank Proof Operator |
| ___ AS400 | ___ Adobe PageMaker | Accounting | ___ Bank Teller |
| ___ Dbase | ___ Adobe Illustrator | ___ Accountant | ___ Buyer |
| ___ Windows | ___ Other | ___ Acct. Clerk | ___ Cashier |
| ___ Outlook | _____ | ___ Bookkeeper | ___ Editor |
| ___ Word | _____ | ___ Auditor | ___ Expediter |
| ___ Works | _____ | ___ Billing Clerk | ___ Logistics |
| ___ Excel | Administrative | ___ Calculator | ___ Purchasing |
| ___ PowerPoint | ___ Executive | ___ Medical Billing | ___ Graphic Design |
| ___ Access | ___ General | ___ Payables | ___ Office Manager |
| ___ Publisher | ___ Legal | ___ Payroll Clerk | ___ Coordinator |
| ___ Project | ___ Medical | ___ Receivables | ___ Cust. Service |
| ___ Lotus Notes | ___ Transcription | ___ Collections | ___ Proofreader |
| ___ Lotus 1.2.3 | ___ Shorthand | Marketing | ___ Receptionist |
| ___ GroupWise | ___ Dictation | ___ Interviewer | ___ Switchboard |
| ___ Word Perfect | ___ Domestic Travel Arrange. | ___ Inside Sales | |
| ___ Corel | ___ International Travel Arr. | ___ Outside Sales | |