



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

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

Today's 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

City

State

Zip

Contact Number

Birthdate

Place of Birth

Yes No
US Military Service

Branch of Service

From:

To:

Do you prefer to Work:
Check preference

Any

Days

Evenings

Nights

Weekends

Transportation to the Job?
Yes No

Hours Available

Hours Available

Hours Available

Hours Available

Education

Years Completed

Diploma/Degree/
Certification

High School	College/University	Graduate/Professional	Major
<input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4	Yes <input type="radio"/> No <input type="radio"/>

Other Education /
Training?

Yes No

Explain if yes:

Employment History

List your most recent position first (Please do not "refer to resume")

Employer:	Work Performed
Address:	
Contact #:	
Job Title:	
Supervisor:	
Reason For Leaving:	
Dates: From: To:	
May We Contact This Employer? Yes <input type="radio"/> NO <input type="radio"/>	

Employer:		<u>Work Performed</u>	
Address:	Contact #:		
Job Title:	From:	Dates:	To:
Supervisor:	May We Contact This Employer?		
	Yes <input type="radio"/>	NO <input type="radio"/>	
Reason For Leaving:			

References

List three references other than relatives:

	Name	Contact Number	Occupation	Length of Acquaintance
1.				
2.				
3.				

Application Statement:

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all 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:*

TERMS OF ACCEPTANCE and SIGNATURE

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.