



1043 - A Kaiser Rd. SW, Olympia, WA 98512 USA
 Phone: (360) 866-1337 Fax: (360) 866-1026

APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR DRUGS & ALCOHOL

PLEASE COMPLETE PAGES 1-5.

DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

How long _____ Social Security No. _____ - _____ - _____

Telephone (____) _____

If under 18, please list age _____

Position applied for (1) _____
 and salary desired (2) _____
 (Be specific)

Days/hours available to work

No Pref _____ Thur _____
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When are you available for work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____



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DO YOU HAVE A DRIVER'S LICENSE? [] Yes [] No

What is your means of transportation to work? _____

Driver's license number _____ State of issue _____ [] Operator [] Commercial (CDL) [] Chauffeur
Expiration date _____

Have you had any accidents during the past three years? How many? _____

Have you had any moving violations during the past three years? How Many? _____

OFFICE ONLY

Typing [] Yes [] No _____ WPM 10-key [] Yes [] No Word Processing [] Yes [] No _____ WPM
Personal Computer [] Yes [] No PC [] Mac [] Other _____ Skills _____

Please list two references other than relatives or previous employers.

Name _____ Position _____ Company _____ Address _____ Telephone () _____
Name _____ Position _____ Company _____ Address _____ Telephone () _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

[Empty space for additional information]



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MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience

Please list your work experience for the **past five years** beginning with your most recent job held.
 If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your Last Job Title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			



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Employment History Continued -

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? _____



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PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by DTI. (hereinafter called "the Company"), I agree that: Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of DTI , or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and DTI may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant _____ **Date:** _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.



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POST EMPLOYMENT INFORMATION FORM

TO BE COMPLETED AFTER EMPLOYEE HAS BEEN HIRED

Height _____ ft. _____ in. Weight _____ Birth date _____
 Married Yes No If married, how long? _____ Single Separated Divorced Widowed
 Full name of spouse _____ Occupation _____
 Name of company _____ Telephone (____) _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name _____ Telephone (____) _____
 Address _____ Relationship _____

FOR INSURANCE PURPOSES ONLY: LIST ALL DEPENDENTS

NAME	RELATIONSHIP	BIRTH DATE	SSN

TO BE COMPLETED BY EMPLOYER

Date of employment _____ Job title _____ Dept. _____
 Location _____ Rate of pay _____ Full-time Part-time Salaried
 Applicant's signature acknowledging above information _____
 Drug test confirmation number _____
 Name of person verifying information _____
 Name of person authorizing employment _____



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PROPRIETARY INFORMATION DISCLOSURE AGREEMENT

This Agreement is effective this _____ day of _____, 20__, between Diamond Technologies, Inc. ("DTI"), a Washington state corporation, and _____ ("Recipient"), for establishment of the conditions under which Proprietary/Confidential Information of DTI may be disclosed to Recipient.

THEREFORE, in consideration of the mutual understandings by DTI and Recipient, the parties agree that:

- A. **Proprietary/Confidential Information may include, but is not limited to, data, know-how, inventions, discoveries, ideas, formulae, designs, drawings, compounds, photographs, plans, reports, studies, or business, marketing, sales or financial information, in any form, whether written, oral, or otherwise.**
- B. **Recipient shall not disclose DTI's Proprietary Information to any third party, except as DTI may authorize in writing, and Recipient's internal dissemination of such Information shall be limited to those employees or professional advisors whose duties justify their need to know such Information and then only on the basis of a clear understanding by these employees or professional advisors of their obligation to maintain the confidential status of such Information and of the restricted use granted to Recipient under this Agreement, and are bound by a written agreement or by a legally enforceable code of professional responsibility to protect such Information.**
- C. **Recipient shall not use DTI's Proprietary Information for any purpose other than that necessary in the performance of duties.**
- D. **The obligation of confidentiality under this Agreement will terminate two (2) years after the later of: 1) the last date on which DTI discloses Proprietary Information to Recipient; or 2) the termination date of the employee. Following the two year period, Recipient shall not be free of any restrictions of disclosure or use of such Proprietary Information, subject to any patent, trademark or other intellectual rights of DTI.**
- E. **No intellectual property rights or licenses are granted, by implication or otherwise, by this Agreement and the disclosure of Proprietary Information shall not result in any obligation to grant such rights or licenses.**
- F. **Upon termination or at DTI's request, recipient will promptly return to DTI all Proprietary Information, and will destroy all notes, abstracts or other documents of Recipient containing such Proprietary Information.**
- G. **This Agreement will be governed by the laws of the State of Washington. This Agreement constitutes the complete and exclusive agreement between the parties regarding the covered subject matter and shall not be modified or assigned by operation of law or otherwise, without the express written consent of both parties.**

DTI	_____	Recipient
By: _____		By: _____
Title: _____		Title: _____
Date: _____		Date: _____