

PERSONAL INFORMATION

NAME (LAST, FIRST)		SOCIAL SECURITY NO. - -	
FULL ADDRESS			
PHONE NUMBER	EMAIL	HOW DID YOU HEAR ABOUT THIS JOB?	

EMPLOYMENT DESIRED

POSITION DESIRED	DATE YOU CAN START / /	SALARY DESIRED
HAVE YOU EVER APPLIED TO GALLERY OF DIAMONDS BEFORE? IF SO, WHEN?		
AVAILABILITY MON: _____ TUES: _____ WED: _____ THURS: _____ FRI: _____ SAT: _____ SUN: _____		

EXPERIENCE

HIGHEST EDUCATIONAL LEVEL ACHIEVED (WHERE/WHEN/SUBJECTS STUDIED)
--

MONTH/YEAR FROM: TO:	NAME & CITY/STATE OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING

	Unfamiliar	Fair	Moderate	Highly Skilled		Unfamiliar	Fair	Moderate	Highly Skilled
MICROSOFT WORD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ADOBE ILLUSTRATOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MICROSOFT EXCEL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ADOBE DREAMWEAVER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FILEMAKER PRO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ADOBE FLASH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADOBE PHOTOSHOP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IMOVIE/IDVD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADOBE INDESIGN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HTML/CSS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEDIA SKILLS (PRESS WRITING, SOCIAL MEDIA, BLOGGING, VIDEO, PHOTOGRAPHY)

WRITING SKILLS (CREATIVE WRITING, EDITING, COPYWRITING, MANUALS, ETC)
--

OTHER SKILLS

HOW WOULD OTHERS RATE YOUR SALES ABILITY? Excellent Good Average Less Than Average	HOW WOULD YOU RATE YOUR SALES ABILITY? Excellent Good Average Less Than Average
---	--

WHY WOULD YOU LIKE TO WORK HERE?

WHY SHOULD WE HIRE YOU?

REFERENCES

FOUR PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

1.	NAME (LAST, FIRST)	RELATIONSHIP
	TELEPHONE	YEARS KNOWN
2.	NAME (LAST, FIRST)	RELATIONSHIP
	TELEPHONE	YEARS KNOWN
3.	NAME (LAST, FIRST)	RELATIONSHIP
	TELEPHONE	YEARS KNOWN
4.	NAME (LAST, FIRST)	RELATIONSHIP
	TELEPHONE	YEARS KNOWN

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 may 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.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (A.D.A.) and other relevant federal and state laws.

DATE

SIGNATURE