

DiamondCard Processing Independent Sales Consultant Personal Information

Name: _____

Email: _____

Telephone: _____

Address: _____

City: _____

State: _____

Zip: _____

Fax: _____

Driver's License #: _____

State: _____

Social Security #: _____

Date of Birth: _____

Please list your last ten years of work history.

1.

From (mm/yy): _____

To (mm/yy): _____

Company Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Supervisor: _____

Annual Salary: _____

I left because: _____

Describe your position and responsibilities at this company: _____

2.

From (mm/yy): _____

To (mm/yy): _____

Company Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Supervisor: _____

Annual Salary: _____

I left because: _____

Describe your position and responsibilities at this company: _____

3.

From (mm/yy):_____

To (mm/yy):_____

Company Name:_____

Address:_____

City: _____

State:_____

Zip:_____

Supervisor:_____

Annual Salary:_____

I left because:_____

Describe your position and responsibilities at this company:_____

Important Note:

A Background Clearance is required for all independent contractor and commission only salespersons before work may begin with DiamondCard Processing. A copy of your Driver's License and Social Security Card must be submitted via fax 909-989-6343 or Email Career@diamondcard.net. Thank you for your interest!