



PHYSICIANS REFERENCE LABORATORY
APPLICATION FOR EMPLOYMENT



It is the policy of Physicians Reference Laboratory to provide a safe and productive working environment for all of its employees, to provide quality work and care for its clients and patients and to maintain a drug-free workplace. Consequently, prior to being offered employment, any final candidate for employment will be required to consent to a drug/alcohol screening test.

I understand and agree that I must consent to a drug/alcohol screening test as a condition for employment at Physicians Reference Laboratory

Yes

No

LAST

PERSONAL INFORMATION

Name

Last

First

Middle

FIRST

Social Security Number

Phone #

Present Address

Street

Apt. No.

MIDDLE

City

State

Zip

Permanent Address

Street

Apt. No.

City

State

Zip

In Case of
Emergency, Notify

Name

Phone #

Address

Relationship

Are You 18
Years Or Older?

Are You Either A U.S. Citizen
Or An Alien Authorized To Work In The United States?

EDUCATION

School Level	Name and Location of School	No. of Years Attended?	Did You Graduate?	Subjects Studied
High School				
College				
Graduate School				
Trade, Business, or Correspondence School				

Professional Registration _____ License # _____ Expiration Date _____

GENERAL

Subjects of Special Study or Research Work _____

Special Training _____

Special Skills _____

Do You Have Reliable Means Of Transportation To And From Work? _____

EMPLOYMENT DESIRED

Position	Date You Can Start	Salary Desired
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Are There Any Shifts, Hours, Or Days You Cannot Or Will Not Work? _____

Shift Preferred	Full Time	Part Time
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Are You Employed Now?	If So, May We Inquire Of Your Present Employer?
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Ever Applied To This Company Before?	If So, When?
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Who Referred You To This Company? _____

EMPLOYMENT HISTORY

Name And Address Of Present Or Last Employer

(List below last three employers, starting with last one first)

Starting Date

Month

Year

Leaving Date

Month

Year

Hourly Starting Salary

Hourly Final Salary

Job title

May We Contact Supervisor?

Name And Title Of Supervisor

Phone #

Description Of Work

Reason For Leaving

Name And Address Of Present Or Last Employer

Starting Date

Month

Year

Leaving Date

Month

Year

Hourly Starting Salary

Hourly Final Salary

Job title

May We Contact Supervisor?

Name And Title Of Supervisor

Phone #

Description Of Work

Reason For Leaving

Name And Address Of Present Or Last Employer

Starting Date

Month

Year

Leaving Date

Month

Year

Hourly Starting Salary

Hourly Final Salary

Job title

May We Contact Supervisor?

Name And Title Of Supervisor

Phone #

Description Of Work

Reason For Leaving

APPLICANT STATEMENT

It is the policy of Physicians Reference Laboratory that a condition for employment may include the completion of a background investigation. I understand that all background checks may not be completed until after I have begun my employment, and that periodic background checks may also be performed during my employment or as a function of a Company investigation. If I then fail to meet the Company's pre-employment or post-employment standards, I may be transferred, reassigned, receive a change in pay, or discharged, at the Company's sole discretion.

I understand and agree that I may be required to consent to a criminal and/or driving record background check as a condition of employment at Physicians Reference Laboratory.

Yes

No

Physicians Reference Laboratory's business involves confidential information and interaction with co-workers and the public.

Have you been convicted of any crime, entered a plea of no contest, or entered into a plea bargain or diversion agreement involving any crime involving dishonesty, theft, fraud, violence, assault, sexual misconduct, criminal threat, stalking or harassment, wiretapping/electronic surveillance, invasion of privacy, or crimes involving unlawful use of or access to computer systems?

Yes

No

If "yes", please provide a detailed explanation: _____

(Conviction or other such action will not necessarily disqualify you from employment)

AUTHORIZATION

"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, discrepancies, or omissions on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein, including all information concerning current or previous employment, and any and all pertinent information my current or previous employer(s) may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing this information

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice at the discretion of either the company or myself."

Date _____ Signature _____