

# St. George's Laboratory

## EMPLOYMENT APPLICATION

We are an equal opportunity employer and do not discriminate on the basis of an applicant's or employee's race, color, religious, sex, national origin, citizenship, age, physical or mental disability or any other characteristic. (PLEASE PRINT CLEARLY IN BLACK INK)

### PERSONAL INFORMATION

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Present Address: \_\_\_\_\_  
No. Street City State Zip Code

Permanent Address (If Different From Present) \_\_\_\_\_  
No. Street City State Zip Code

Home Phone: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Message Phone: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

SS #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Are you 18 years or older?  Yes  No

Other Names Under Which Previous Employment May Be Verified: \_\_\_\_\_

In case of emergency, notify: Name: \_\_\_\_\_

Address: \_\_\_\_\_  
No. Street City State Zip Code

Phone : (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

### EMPLOYMENT DESIRED

Position Desired: \_\_\_\_\_ Salary Desired: \$ \_\_\_\_\_ Date You Can Start: \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you available to work:  Full Time  Part Time  Per Diem  Weekends  Overtime if Required

Hours available (a.m. or p.m.): Mon-Fri \_\_\_\_\_ - \_\_\_\_\_ Sat \_\_\_\_\_ - \_\_\_\_\_

If unavailable to work certain hours/days, please explain: \_\_\_\_\_

Are you employed now?  Yes  No If yes, may we contact your present employer?  Yes  No

How did you become aware of the position for which you are applying? Please give individual or source: \_\_\_\_\_

### BACKGROUND INFORMATION

Have you ever applied for a position with or worked for this company before?  Yes  No

If yes, Applied when: \_\_\_\_\_ Dates worked from/to: \_\_\_\_\_

Do you have any relatives who are, or were, employed by this company?  Yes  No

If yes, who, and in what position? \_\_\_\_\_

Do you have a valid driver's license?  Yes  No

If Yes, # \_\_\_\_\_ State \_\_\_\_\_ Class \_\_\_\_\_ Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_

	Yes	No
Have you ever been convicted of a felony?	<input type="checkbox"/>	<input type="checkbox"/>
Have you received any traffic citations other than a parking ticket?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had a suspended or restrictive drivers license?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had any traffic accidents in the past 3 years if your fault or not?	<input type="checkbox"/>	<input type="checkbox"/>

All applicants should understand that a copy of their "Drivers License" would be requested after an offer of employment has been presented. Applicants applying for a position where driving is required understand that employment is contingent on the applicants providing a copy of their Drivers License and DMV Record.

**Note:** No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature, date, surrounding circumstances and relevance of the offence to the position for which you are applying will be taken into consideration. False information could be grounds for termination.

If yes, to any of the above questions please explain: \_\_\_\_\_

**LANGUAGE SKILLS**

What languages do you speak and what is your level of proficiency?

LANGUAGE	READ		SPEAK	
	FLUENT	FAIR	FLUENT	FAIR

**EDUCATIONAL BACKGROUND**

EDUCATION & TRAINING	NAME AND LOCATION OF SCHOOL	# YRS	MAJOR OR AREA OF STUDY	DEGREE
HIGH SCHOOL				
COLLEGE				
GRAD SCHOOL				

**PROFESSIONAL LICENSURE/CERTIFICATION**

TYPE OF LICENSE/CERTIFICATE	LICENSE #	PLACE OF ISSUED	EXPIRATION DATE

**EMPLOYMENT HISTORY - Beginning with your current job, please list your last three work experiences.**

From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Company: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Address: \_\_\_\_\_

Phone No. : (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Position: \_\_\_\_\_

Base Rate of Pay: \$ \_\_\_\_\_ Per \_\_\_\_\_ Additional Compensation: \$ \_\_\_\_\_

Description of Responsibility: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Position: \_\_\_\_\_

From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Company: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Address: \_\_\_\_\_

Phone No. : (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Position: \_\_\_\_\_

Base Rate of Pay: \$ \_\_\_\_\_ Per \_\_\_\_\_ Additional Compensation: \$ \_\_\_\_\_

Description of Responsibility: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Position: \_\_\_\_\_

From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Company: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Address: \_\_\_\_\_

Phone No. : ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Position: \_\_\_\_\_

Base Rate of Pay: \$ \_\_\_\_\_ Per \_\_\_\_\_ Additional Compensation: \$ \_\_\_\_\_

Description of Responsibility: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Position: \_\_\_\_\_

**BUSINESS REFERENCES - Please provide the names of three people with whom you have previously worked (not friends or relatives).**

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Position: \_\_\_\_\_ Phone No: ( \_\_\_\_\_ ) - \_\_\_\_\_ - \_\_\_\_\_ # Yrs Known: \_\_\_\_\_

Address: \_\_\_\_\_

No.	Street	City	State	Zip Code
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Name: \_\_\_\_\_ Company: \_\_\_\_\_

Position: \_\_\_\_\_ Phone No: ( \_\_\_\_\_ ) - \_\_\_\_\_ - \_\_\_\_\_ # Yrs Known: \_\_\_\_\_

Address: \_\_\_\_\_

No.	Street	City	State	Zip Code
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Have you ever had any prior Corporate Compliance conflicts, convictions or issues regarding federal, state or local law violations? If so, please explain \_\_\_\_\_.

**Health Information Release**

As a potential employee, we ask that you be screened for various health risk prior to employment. Under the fair and Accurate Credit Transactions Act (FACT) Section 411, we must ask for a written consent to release the results to this potential employer. Signing below states the fact that you have read this section and understand that we will be performing or requesting you provide some pre-employment tests results and that the results will be released to us and kept confidential.

Please initial understanding \_\_\_\_\_

**Please read and sign below.**

I hereby certify that all the foregoing information I have supplied in this application is correct and complete. Furthermore, I understand that any misrepresentation, falsification, or material omission of information in this application may result in my failure to receive an offer or, if I have been hired, my immediate dismissal from employment. I authorize prior employers, references, and others identified in this application as sources of information regarding my character, qualifications, work history, and background to provide information without limitations pertaining to those subjects. I waive any rights of privacy that may be attached thereto. Further I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the company as well as from the use or disclosure of such information by the organization or any of its agents, employees, or representatives. I also understand that all offers of employment are conditioned on the provision of satisfactory proof of my identity and legal authority to work in the U.S. Should a job offer be made, I consent to taking a pre-employment physical examination and such future examinations as may be required. I understand that any job offer, or my continued employment if hired, is contingent upon my being physically and medically able to successfully perform my duties without harm to myself or to others. I agree to wear or use all protective clothing or devices required by the facility and to comply with all safety policies and procedures.

I understand that nothing contained in the application, or conveyed during any interview, which may be granted, or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date