

APPLICATION FOR EMPLOYMENT

THIS APPLICATION IS NOT AN EMPLOYMENT CONTRACT, but merely is intended to evaluate suitability for employment. It is the policy of Professional Pathology Services, PC and PPS Services, LLC, to provide equal employment to all qualified persons without discrimination on the basis of sex, race, color, religion, age, marital status, national origin, citizenship, disability, veteran status, or any other status protected under state and federal law. It is also the policy of the company to have the option of conducting pre-employment screening before a job offer is made. If a job offer is made, employment may be contingent upon the successful completion of a medical examination, which may include providing body substance samples. This application will remain active for 180 days.

PERSONAL INFORMATION

Name:	SSN:
Home Phone:	Work Phone:
Street Address:	City, State Zip:

EDUCATION

High School Attended:	City & State:	Dates Attended:	Did you earn a diploma?	If not, do you have a GED?
Undergraduate College Attended:	City & State:	Dates Attended:	Areas of Study:	Degree/Certificate:
Graduate School Attended:	City & State:	Dates Attended:	Areas of Study:	Degree/Certificate:
Trade, Business, or Other School:	City & State:	Dates Attended:	Areas of Study:	Degree/Certificate:

EMPLOYMENT INFORMATION

Position Applied For:	Date You Can Start Work:	Desired Wage/Salary:
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- 1) Are you at least 18 years of age and legally eligible for work in the United States?
- 2) Are you able to work overtime when necessary?
- 3) Do you have reliable transportation?
- 4) Are you on layoff and subject to recall?
- 5) Are you currently bound by a non-competition or trade secret agreement? If yes, please explain.
- 6) Have you ever been discharged or asked to resign from a job? If yes, please explain.
- 7) Have you ever been convicted of, pled guilty to or committed a crime? If yes, please explain.

EMPLOYMENT HISTORY

MAY WE CONTACT YOUR PRESENT EMPLOYER?

Please list your past three employers beginning with the most recent:

Most Recent Employer:		City, State	Phone:	
Position Held:	Dates From/To:	Pay Rate Upon Leaving:	Supervisor:	
Duties:		Reason for Leaving:		
Next Most Recent Employer:		City, State	Phone:	
Position Held:	Dates From/To:	Pay Rate Upon Leaving:	Supervisor:	
Duties:		Reason for Leaving:		
Next Most Recent Employer:		City, State	Phone:	
Position Held:	Dates From/To:	Pay Rate Upon Leaving:	Supervisor:	
Duties:		Reason for Leaving:		

JOB RELATED SKILLS

Use this space to list any special skills you may have that relate to the position for which you are applying:

Please list any professional licenses, designations, certifications, etc. that may relate to the position for which you are applying. Include the date granted, name of organization, and any other relevant information.

1)

2)

3)

4)

APPLICANT'S CERTIFICATION STATEMENT

- 1) I authorize the investigation of all statements contained in this application and release from all liability any persons or employers supplying such information, and I also release Professional Pathology Services, PC and/or PPS Services, LLC from all liability that might result from making the investigation.
- 2) I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts on this application (or on any required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.
- 3) I agree, if I am offered and accept a position, to conform to all existing and future Professional Pathology Services, PC and/or PPS Services, LLC rules and regulations and I understand that Professional Pathology Services, PC and/or PPS Services, LLC reserves the right to change wages, hours, and working conditions as deemed necessary. **I ALSO UNDERSTAND THAT, IF HIRED, MY EMPLOYMENT WILL BE AT-WILL, MEANING THAT EITHER PARTY CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY REASON OR NO REASON.**
- 4) I understand that any employment offer is contingent upon my providing, within three (3) working days of employment, valid proof of identity and eligibility to work in order to comply with the Immigration Reform and Control Act of 1986.
- 5) I have read and reviewed the information provided in this application and the above statements. By signing this application for employment, I certify that I understand all parts of it and have answered the questions completely and fully.

Signature:

Date: