



American Bio-Clinical Laboratories

PRE-EMPLOYMENT APPLICATION

ABC Laboratories is an equal opportunity employer and will consider all applicants for all positions equally without regard to their race, sex, age, color, religion, national origin, veteran status or any disabilities as provided in the Americans with Disabilities Act.

This application will be given every consideration, its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered

PERSONAL

Name Home Phone
LAST FIRST MIDDLE AC

Present Address
NUMBER STREET CITY STATE ZIP

Social Security No. Are you over 18? Yes No

Are you a citizen of the U.S. or do you have the legal right to be employed in the United States? Yes No

Do you have the ability, with or without reasonable accommodations, to work overtime or to travel and/or overtime is required by the job for which you are applying? Yes No

If no, please explain?

Would you be willing and able to relocate? Yes No

Driver's License: State Type Currently Valid? Yes No

EMPLOYMENT DESIRED

Are you seeking Full-time Part-time Temporary or summer employment?

Position applied for Salary desired

Date available to start

Have you ever applied in ABC Laboratories before? Yes No

Have you ever worked for ABC Laboratories before? Yes No

If you answer to either of the above questions is Yes, state when you applied and/or worked.

How did you learn of ABC Laboratories and/or position?

Are you now, or do you expect to be, working in any other business or jobs? Yes No

Are there any days or hours you would be unable or unwilling to work? Yes No

If yes, please specify those days or hours you would be unable or unwilling to work

EDUCATION

Name, Address and Location	Dates	Graduate	Courses Studied
High School <input type="text"/>	From: <input type="text"/> To: <input type="text"/>	Yes <input type="radio"/> No <input type="radio"/>	Diploma: <input type="text"/>
College <input type="text"/>	From: <input type="text"/> To: <input type="text"/>	Yes <input type="radio"/> No <input type="radio"/>	Diploma: <input type="text"/>
College <input type="text"/>	From: <input type="text"/> To: <input type="text"/>	Yes <input type="radio"/> No <input type="radio"/>	Diploma: <input type="text"/>

If you did not graduate, why did you leave high school or college?

Are you planning to pursue further studies? Yes No

If so, when, where and what courses?

List any scholastic honors, offices held and activities involved in during high school and/or college

List and describe any other School or Specialized Training

MILITARY

Have you ever served in the military? Yes No

Service Branch

Date Entered

Date Separated

Final Rank

CAPABILITY / RELIABILITY

Would you be willing and able to perform all of the tasks required by the job you are applying for? Yes No

If not, please explain which tasks

Have you filed any type of fraudulent claim against any of your present or past employers? Yes No

If yes, explain

Will you abide by the safety rules of ABC Laboratories? Yes No

Have you ever been disciplined for violating safety rules or regulations? Yes No

If yes, explain

How many days of work (or school) have you missed in the last two years?

How many times have you been late for work (or school) in the last two years?

Would you be willing and able to report to work on time every day on a regular and consistent basis? Yes No

If yes, explain

HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. Of self-employed, give firm name and supply business references.

PLEASE GIVE MONTH AND YEAR

Name of Employer <input style="width: 95%;" type="text"/> Address <input style="width: 95%;" type="text"/> City, State, Zip Code		Name and Title of Last Supervisor <input style="width: 100%; height: 100%;" type="text"/>	Dates Employed	
Telephone <input style="width: 20%;" type="text"/> <input style="width: 60%;" type="text"/> AC			From: Mo. <input style="width: 30px;" type="text"/> Yr. <input style="width: 30px;" type="text"/>	To: Mo. <input style="width: 30px;" type="text"/> Yr. <input style="width: 30px;" type="text"/>
Nature of Business <input style="width: 95%; height: 30px;" type="text"/>		Reason for Leaving <input style="width: 100%; height: 40px;" type="text"/>		
Title <input style="width: 95%;" type="text"/>				
Duties <input style="width: 95%;" type="text"/>				

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SUPPLEMENTAL EMPLOYMENT INFORMATION

If you worked in any of your previous positions under another name, please give that name(s) below. (For reference checking purposes.)

Name @ Company
 Name @ Company

Are you presently employed? Yes No

If yes, may we contact your present employer? Yes No

Have you ever been fired, or asked to resign, from a job? Yes No

If yes, please explain

Have you ever been disciplined or received verbal or written warnings for absentism or tardiness? Yes No

If yes, please explain

SPECIAL SKILLS

Have you had any computer or word processing experience or training? Yes No

If yes, please explain

What laguage do you speak fluently?

User this space below to describe why you are interested in working for ABC Laboratories and to list those skills and abilities which you feel particularly qualify you for a position with us. If you need more space, please continue on a separate sheet.

REFERENCES

Give three references, not relatives or former employees.

Name	Address	Phone	Occupation
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

AFFIDAVIT

I hereby authorize ABC Laboratories to contact any company or individual it deems appropriate to investigate my employment history, character and qualifications and I give my full and complete consent to their revealing any and all information they wish as a result of this investigation. In addition, I hereby waive the right to bring any cause of action against these individuals for defamation, invasion of privacy or any reason because of their statements.

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I agree that, I am employed, I will abide by all the rules and regulations of ABC Laboratories. I understand that the taking of drug and alcohol tests, when given pursuant to company policy, are a condition of continued employment and refusal to take such tests when asked will be grounds for my immediate termination. I further understand that nobody in ABC Laboratories is authorized to enter into any written or verbal employment contracts with me for any definite period of time without the express written consent of the President of ABC Laboratories. I also understand that my employment is "at-will" and may be terminated by myself or by the company at any time for any reason or nor reason at all, with or without prior notice.

Signature _____ Date _____