

# OMEGA DIAGNOSTICS, LLC

## APPLICATION FOR EMPLOYMENT

**PERSONAL INFORMATION**

**DATE** \_\_\_\_\_

|                             |                          |                               |          |
|-----------------------------|--------------------------|-------------------------------|----------|
| NAME (LAST, FIRST, MIDDLE ) |                          | REFERRED BY                   |          |
| ADDRESS                     | CITY                     | STATE                         | ZIP CODE |
| EMAIL ADDRESS:              | PHONE NO.<br>(    )    - | CELL PHONE NO.<br>(    )    - |          |

If you are less than 18 years old, can you furnish a work permit? \_\_\_\_yes    \_\_\_\_no

**EMPLOYMENT DESIRED**

|   |  |                 |  |
|---|--|-----------------|--|
| Position Applied for (Be specific):   |  | Date Available: |  |
| ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO          | IF SO MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO |                 |  |
| EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO | WHERE?   | WHEN?           |  |

Are you available to work Full Time \_\_\_\_ Part Time \_\_\_\_ Shift Work \_\_\_\_ Temporary \_\_\_\_

Applicants are considered for all positions, and employees are treated equal during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition, handicap, or other protected status.

**EDUCATION HISTORY**

| NAME & LOCATION OF SCHOOL                | YEARS ATTENDED | DID YOU GRADUATE? | SUBJECTS STUDIED |
|--|----------------|-------------------|------------------|
| HIGH SCHOOL                              |                |                   |                  |
| COLLEGE                                  |                |                   |                  |
| TRADE, BUSINESS OR CORRESPONDENCE SCHOOL |                |                   |                  |
| LICENSE AND/OR CERTIFICATION             |                |                   |                  |

**GENERAL INFORMATION**

|  |
|--|
| SUBJECT OF SPECIAL STUDY/RESEARCH<br>WORK OR SPECIAL TRAINING / SKILLS |
|--|

The Immigration Reform Act of 1986 requires that we check documentation as to citizenship/and or immigration status. Accordingly, if required to do so, can you supply documentation that shows you are a U.S. citizen or that you are legally employable in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

|   |
|---|
| Have you ever been convicted of a felony? If so, please explain: _____<br>_____ |
|---|

**FORMER EMPLOYERS** (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

| DATE<br>MONTH AND YEAR | NAME, ADDRESS & PHONE NO.<br>OF EMPLOYER | SALARY | POSITION | REASON FOR LEAVING |
|------------------------|--|--------|----------|--------------------|
| FROM                   |  |        |          |                    |
| TO                     |  |        |          |                    |
| FROM                   |  |        |          |                    |
| TO                     |  |        |          |                    |
| FROM                   |  |        |          |                    |
| TO                     |  |        |          |                    |
| FROM                   |  |        |          |                    |
| TO                     |  |        |          |                    |

**REFERENCES**

(GIVE BELOW THE NAMES OF THREE PERSON NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR.)

| NAME | ADDRESS | PHONE NO. | BUSINESS | YEARS<br>KNOWN |
|------|---------|-----------|----------|----------------|
|      |         |           |          |                |
|      |         |           |          |                |
|      |         |           |          |                |

**ACKNOWLEDGEMENT**

I, certify that the answers herein are true and complete to the best of my knowledge.  
 I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment, and that no official has the authority to enter into an employment contract with me.

I expressly authorize Omega Diagnostics, LLC to contact my prior employer(s).  
 I further agree to release all my prior employers from any and all liability or responsibility on account of the verification of the information I have supplied on my employment application as well as any other information they may supply concerning my prior employment history. In the event of my employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Omega Diagnostics, LLC and my refusal to cooperate will subject me to discharge.

Any position offered is subject to the candidate's successful completion of pre-employment required screenings.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

AN EQUAL OPPORTUNITY EMPLOYER M/F/V/H

01/2012