



Employment Application

APPLICANT INFORMATION												
Last Name					First				M.I.	DOB		
Street Address								Apartment/Unit #				
City					State				ZIP			
Phone					E-mail Address							
Date Available				Social Security No.				Desired Salary				
Position Applied for												
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>							
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?									
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain									
<i>NOTE: An affirmative answer will not necessarily result in disqualification for employment.</i>												
EDUCATION												
High School					Address							
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
College					Address							
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
Other					Address							
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
REFERENCES												
<i>Please list three professional references.</i>												
Full Name					Relationship							
Company					Phone	()						
Address												
Full Name					Relationship							
Company					Phone	()						
Address												
Full Name					Relationship							
Company					Phone	()						
Address												

PREVIOUS EMPLOYMENT

Company				Phone	()	
Address				Supervisor		
Job Title			Starting Salary	\$	Ending Salary	\$
Responsibilities						
From		To		Reason for Leaving		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company				Phone	()	
Address				Supervisor		
Job Title			Starting Salary	\$	Ending Salary	\$
Responsibilities						
From		To		Reason for Leaving		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company				Phone	()	
Address				Supervisor		
Job Title			Starting Salary	\$	Ending Salary	\$
Responsibilities						
From		To		Reason for Leaving		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	

MILITARY SERVICE

Branch				From		To	
Rank at Discharge				Type of Discharge			
If other than honorable, explain							

DISCLAIMER AND SIGNATURE

1. _____ The information that I have provided on this application is accurate to the best of my knowledge and may be verified by Pennsylvania Specialty Pathology or its agents.

2. _____ I authorize all the schools, persons and organizations named in this application to provide any relevant information in their possession or knowledge to the agents of Pennsylvania Specialty Pathology, for use in deciding whether or not to offer me employment and specifically waive any required written notification. I hereby release Pennsylvania Specialty Pathology, my former employers and all other persons from any and all claims, demands, or liabilities arising out of or in any way related to such inquiry or disclosure.

3. _____ I understand that Pennsylvania Specialty Pathology is committed to maintaining a drug and alcohol free work place. Accordingly, I may be subject to a pre-employment blood test, urinalysis or other drug/alcohol screening. I further understand that if employed, I may be subject to such a drug and alcohol screening if Pennsylvania Specialty Pathology has reasonable suspicion to believe that I am under the influence of a drug or alcohol. My consent to submit to such a test is required as a condition of employment and my refusal to consent shall result in a refusal to hire or, if already employed, termination.

4. _____ I authorize Pennsylvania Specialty Pathology to obtain criminal background checks for use in deciding whether or not to offer me employment.

5. _____ I understand and agree that any misrepresentation or omission of facts in this application will be justification for refusal or termination of employment, regardless of the time elapsed before discovery.
6. _____ I understand and agree that the employment for which I am making application is at-will and such employment may be terminated at any time with or without cause and/or without prior notice. There will be no agreement, express or implied between Pennsylvania Specialty Pathology and me for any specific period of employment, nor for continuing or long term employment, unless made in writing, signed by an authorized representative of Pennsylvania Specialty Pathology.
7. _____ I have placed my signature in the space provided below only after I have completed the entire to the best of my ability and have carefully read the foregoing seven (7) statements.

Pennsylvania Specialty Pathology is an equal opportunity employer.

Signature		Date	
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