

APPLICATION FOR EMPLOYMENT

A clear understanding of your background and work history will help us to evaluate your qualifications for employment. Please print and answer each question completely.

Last name	First Name	Initial	E-mail address	Date
Permanent Address		City/State	Zip	Telephone
Are you less than 18 years old? If yes, a work permit is required. YES <input type="checkbox"/> NO <input type="checkbox"/>		If hired, can you provide proof of identify and legal authorization to work in the U. S? YES <input type="checkbox"/> NO <input type="checkbox"/>		
List friends or relatives who work here.*		<small>*A MARITAL RELATIONSHIP WITH A CURRENT EMPLOYEE WILL NOT NECESSARILY DISQUALIFY YOU FROM THE POSITION FOR WHICH YOU HAVE APPLIED UNLESS YOUR EMPLOYMENT WILL PLACE YOU IN A POSITION UNDER THE DIRECT SUPERVISION, DIRECTLY SUPERVISING YOUR SPOUSE, IN THE SAME DEPARTMENT AS YOUR SPOUSE, OR A POSITION RAISING SECURITY, MORALE OR CONFLICT-OF-INTEREST ISSUES SUCH AS PAYROLL, SECURITY, OR HUMAN RESOURCES.</small>		
Have you ever applied to work here in the past? YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, give date and position applied for:		
Have you ever been employed by Westcliff Medical Laboratories? YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, give dates of employment.		
Are you available to work overtime or a flexible work schedule? YES <input type="checkbox"/> NO <input type="checkbox"/>		Other names/alias used while previously employed or in school:		
Except for offenses pertaining to marijuana more than 5 years ago, have you ever been convicted of a crime, felony or misdemeanor, or are you out on bail or on your own recognizance pending trial for such an offense?* YES <input type="checkbox"/> NO <input type="checkbox"/>				
<small>**A CONVICTION INCLUDES A PLEA, VERDICT OR FINDING OF GUILT, REGARDLESS OF WHETHER SENTENCE WAS IMPOSED BY THE COURT. (YOU MAY EXCLUDE THOSE CONVICTIONS WHICH HAVE BEEN JUDICIALLY SEALED, EXPUNGED OR STATUTORILY ERADICATED. YOU MAY ALSO EXCLUDE A MISDEMEANOR CONVICTION FOR WHICH PROBATION HAS BEEN SUCCESSFULLY COMPLETED OR OTHERWISE DISCHARGED AND THE CASE HAS BEEN JUDICIALLY DISMISSED.</small>				
If yes, state location, date and description (answering yes or a conviction will not necessarily disqualify you from the position for which you have applied)				
Have you ever been terminated or asked to resign? If yes, please explain.				
Have you ever been bonded in prior employment? YES <input type="checkbox"/> NO <input type="checkbox"/>				
If yes, list name(s) of employer(s):				
For driving positions only: Has your driver's license been revoked or suspended in the last three years? YES <input type="checkbox"/> NO <input type="checkbox"/>		For driving positions only, please provide driver license number, state of issuance and class:		
Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation? YES <input type="checkbox"/> NO <input type="checkbox"/>		POSITION DESIRED		SECOND CHOICE
DATE AVAILABLE		PAY EXPECTED		SHIFTS YOU CAN WORK DAY <input type="checkbox"/> EVENING <input type="checkbox"/> NIGHT <input type="checkbox"/>
TYPE OF EMPLOYMENT SEEKING FULL TIME <input type="checkbox"/> TEMP <input type="checkbox"/> PART-TIME <input type="checkbox"/> ON-CALL <input type="checkbox"/>		HOW DID YOU HEAR ABOUT US? NEWSPAPER <input type="checkbox"/> AGENCY <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> SELF <input type="checkbox"/> SCHOOL <input type="checkbox"/> OTHER <input type="checkbox"/>		IF REFERRED BY CURRENT EMPLOYEE, PLEASE WRITE IN HIS OR HER NAME:
EDUCATION				
NAME AND ADDRESS OF SCHOOL		MAJOR	UNITS COMPLETED & GRADE AVG.	DEGREE OR DIPLOMA

APPLICATION – (CONTINUED)

REFERENCES

List people we may contact who are qualified to evaluate your capabilities. Do not include relatives.

NAME _____ ADDRESS _____	CITY/STATE/ZIP	TELEPHONE	YEARS KNOWN OCCUPATION
NAME _____ ADDRESS _____	CITY/STATE/ZIP	TELEPHONE	YEARS KNOWN OCCUPATION
NAME _____ ADDRESS _____	CITY/STATE/ZIP	TELEPHONE	YEARS KNOWN OCCUPATION

EMPLOYMENT HISTORY

List current or most recent employer first. Show unemployed or self-employed periods and comment on each period. Include part-time or summer work. You may use extra sheets. A resume may be used to supplement (but not replace) this information

COMPANY	TELEPHONE	JOB TITLE	EMPLOYED From: _____ To: _____
ADDRESS	CITY/ST/ZIP	TYPE OF BUSINESS	BASE PAY START: _____ END: _____
SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING		MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>
DESCRIPTION OF DUTIES:			
COMPANY	TELEPHONE	JOB TITLE	EMPLOYED From: _____ To: _____
ADDRESS	CITY/ST/ZIP	TYPE OF BUSINESS	BASE PAY START: _____ END: _____
SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING		MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>
DESCRIPTION OF DUTIES:			
COMPANY	TELEPHONE	JOB TITLE	EMPLOYED From: _____ To: _____
ADDRESS	CITY/ST/ZIP	TYPE OF BUSINESS	BASE PAY START: _____ END: _____
SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING		MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>
DESCRIPTION OF DUTIES:			

ACKNOWLEDGEMENT

1. I understand that any offer of employment regarding certain job positions may be conditioned based on satisfactory completion of a medical examination and/or a drug and alcohol screen. I agree to sign a release of medical information authorization form and to submit to a medical examination and/or drug and alcohol screen should the Company condition my offer of employment upon successful completion of such an examination or screening.
2. I certify, under penalty of perjury, that all of the above information is true and complete, and I understand that any misrepresentation, falsification or omission of information may result in the denial of employment or, if hired, may result in termination.
3. I authorize LabWest, Inc. to contact my former employers, references, and any and all other persons and organizations for information bearing upon my qualifications for employment. I further authorize the listed employers, schools and personal references to give (without further notice to me) any and all information about my previous employment and education, along with any other pertinent information they may have.
4. I expressly agree and understand that, if employed, my employment, having no specific term, is based upon mutual consent and may be terminated at will, with or without cause or notice, by either party (LabWest, Inc. or me). I also understand that this aspect of my employment, which includes the company's right to demote or otherwise discipline with or without cause or notice, may not be changed, modified, amended or rescinded except by an individual written agreement signed by both me and the president of the company.
5. Except as required in the performance of my duties, I understand and agree that I will not at any time during or after my employment use, disclose or disseminate any confidential information or any other information of a secret, proprietary nature relating to the company, or its products, customers, employees, plans or procedures. I agree to deliver to the company any and all copies of confidential information, or other company property, upon termination of the employment relationship or at any time upon the company's request. I also agree not to solicit clients or employees of LabWest, Inc. either during my employment or after my employment termination.
6. I acknowledge that I have read all of the above statements and that I understand them. In addition, the statements above superseded and replace any prior understandings or discussion I have had with the company and set forth the complete agreement between me and the company regarding these matters.

SIGNATURE

DATE