

## Application for Employment

(Please Print or Type)

Date of application:	How did you learn about us?  <input type="checkbox"/> Advertisement <input type="checkbox"/> Employment Agency <input type="checkbox"/> Web Site (PhenoPath/Other) <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Other: _____
Position(s) applying for:	

Last Name	First Name	Middle Name
Address	City	State      Zip
Telephone Number(s) (      )	Email	

Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a US Citizen or legally authorized to work in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you previously applied with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date: _____ Have you previously worked with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date: _____ Are any of your records under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what name: _____ Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date you are able to start work?      _____ Are you available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary Salary requirements:                \$ _____ per _____ Are you able to travel if the job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No  Are you restricted from involvement in Medicare programs? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, please explain _____ ( <i>Restriction will not necessarily exclude an applicant from employment.</i> )
---	---

EDUCATION/ TRAINING	Name & Location of School	Course of Study	Did You Graduate?	Diploma/ Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Are you taking or do you plan to take any additional education? If so, what? \_\_\_\_\_

Were you ASCP certified on or after January 1, 2004?    Yes    No    Expiration date: \_\_\_\_\_

Check all that apply:    Histotechnician (HT)    Histotechnologist (HTL)    Medical Lab Technician (MLT)    Medical Technologist (MT)

## Specialized Skills (check skills/equipment proficient in use)

___ Apple Macintosh	___ PC	___ 10-key	___ Typing/Word Processing; ___ wpm
___ Microsoft Word	___ Excel/Lotus	___ Phone Reception; how many lines: ___	
___ PhotoShop	___ Powerpoint	___ Fax Machine	___ Shipping/Receiving
___ Design software (e.g., FreeHand; PageMaker; etc.); please specify: _____			
___ Database software (e.g., FileMaker, 4D); please specify: _____			

## Employment History (please list work experience, including military and volunteer experience)

Present or Last Employer:			
Address:		Phone: (    )	
Start Date:	End Date:	Supervisor:	Rate of Pay: \$
Job Title & Responsibilities:			
Why did you leave?		May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Previous Employer:			
Address:		Phone: (    )	
Start Date:	End Date:	Supervisor:	Rate of Pay: \$
Job Title & Responsibilities:			
Why did you leave?		May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Previous Employer:			
Address:		Phone: (    )	
Start Date:	End Date:	Supervisor:	Rate of Pay: \$
Job Title & Responsibilities:			
Why did you leave?		May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Previous Employer:			
Address:		Phone: (    )	
Start Date:	End Date:	Supervisor:	Rate of Pay: \$
Job Title & Responsibilities:			
Why did you leave?		May we contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	

*(if you need additional space, please use a separate sheet of paper)*

## Personal References

1) _____ (Name)	_____ (phone)	_____ (occupation)	_____ (how long known)
2) _____ (Name)	_____ (phone)	_____ (occupation)	_____ (how long known)

**Job Requirements:** Will you be able to perform the essential functions of the job, with or without reasonable accommodation?  Yes  No

**Foreign Languages** (speak, read and/or write): \_\_\_\_\_

**Describe any additional training, skills, qualifications which are pertinent to the position:**

## Applicant's Statement

1. I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, false, misleading or incomplete statements on this application shall be grounds for dismissal.
2. I authorize PhenoPath to investigate information concerning my previous employment, education and background. I further release all parties from all liability for any damage that may result from furnishing or receiving such information.
3. I understand and agree that if I am employed at PhenoPath, my employment and compensation may be terminated at any time without prior notice, with or without cause, at the option of PhenoPath or myself, and understand that no representative of PhenoPath, other than the Medical Director, has authority to enter into any agreement contrary to the foregoing.
4. I understand that if I am employed at PhenoPath, all PhenoPath property must be returned and any indebtedness to PhenoPath must be paid on or before my last day of employment. I authorize PhenoPath to deduct from my final paycheck an amount necessary to satisfy any unpaid obligation.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date