



PATH-TEC™

The Specimen Management Experts

APPLICATION FOR EMPLOYMENT

5700 OLD BRIM ROAD
MIDLAND, GA 31820

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position Applied For: _____ Date of Application: _____

Desired Wage: _____ Date Available to Start: _____

Please note that this application will only remain active for six months, after which the applicant will need to reapply.

Name: _____
Last First Middle

Current Address: _____
Street City State Zip

Telephone #: Home (_____) _____ Cell (_____) _____

Work (_____) _____ How did you learn of this position: _____

Are you legally eligible for employment in the United States? Yes No

Do you have a valid Driver's License? Yes No Type (circle): D-1 CL-A CDL-B CDL-S CDL-P CL-C

Have your license ever been suspended? Yes No

Have you had any vehicle accidents in the past three (3) years? Yes No If so, how many? ____

Have you ever been convicted of a crime in any state? Yes No

If yes, explain conviction(s), nature of offense(s), date of offense(s) were committed, sentence(s) imposed, and type (s) of rehabilitation. _____

Are you at least 18 years of age? Yes No

Do you have reliable transportation? Yes No

Have you ever applied with Path-Tec before? Yes No If yes, give date _____

Do you have any family members presently employed by Path-Tec? Yes No If yes, give date ____

Are you currently employed? Yes No May we contact your present employer? Yes No

Are you willing to travel if the job requires it? Yes No

US Military or Naval Service _____ Rank/Discharge _____

Email Address _____

Work Experience

Please list your work experience for the past ten years beginning with your most recent job held. If you were self-employed, give firm name. Please attach additional pages as needed.

Please list below your last employers beginning with the most recent for the past 10 (ten) years:

Most Recent Employer and Address	City	State	Zip Code	Phone
Position Held	Dates From/To	Pay Rate Upon Leaving \$	Supervisor	
Duties				
Reason for leaving			Full or Part-time	

Next Most Recent Employer and Address	City	State	Zip Code	Phone
Position Held	Dates From/To	Pay Rate Upon Leaving \$	Supervisor	
Duties				
Reason for leaving			Full or Part-time	

Next Most Recent Employer and Address	City	State	Zip Code	Phone
Position Held	Dates From/To	Pay Rate Upon Leaving \$	Supervisor	
Duties				
Reason for leaving			Full or Part-time	

Next Most Recent Employer and Address	City	State	Zip Code	Phone
Position Held	Dates From/To	Pay Rate Upon Leaving \$	Supervisor	
Duties				
Reason for leaving			Full or Part-time	

If you need additional space, please continue on a separate sheet of paper.

Please use this space to list any special skills you may have that relate to the position applied for:

Please list any professional licenses, designations, certifications, etc. that may relate to the position applied for. Include date granted, name of organization, and any other relevant information.

List professional, trade, business, or civic activities and offices held. You may exclude memberships that would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status:

EDUCATION

School	Name and Address of School	Area of Study	Circle Last Year Completed	Did You Graduate?	List Diploma or Degree
High			1 2 3 4	<input type="radio"/> Yes <input type="radio"/> No	
College			1 2 3 4	<input type="radio"/> Yes <input type="radio"/> No	
Technical School			1 2 3 4	<input type="radio"/> Yes <input type="radio"/> No	
Other (Specify)			1 2 3 4	<input type="radio"/> Yes <input type="radio"/> No	

Indicate any foreign languages you speak, read, and/or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Note to Applicants: *Do not answer this question unless you have been informed about the requirements of the job for which you are applying.* Are you capable of performing a reasonable manner with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached. Yes No

PROFESSIONAL REFERENCES: Valid working phone numbers must be provided for application to be considered, at least one recent supervisor.

1.

Name, Company and Title	
Address City/State/Zip	
Phone	
How long have you known them?	

2.

Name, Company and Title	
Address City/State/Zip	
Phone	
How long have you known them?	

3.

Name, Company and Title	
Address City/State/Zip	
Phone	
How long have you known them?	

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained herein and the references listed above to give you any /all information concerning my previous employment and any pertinent information that may have, personal or otherwise, and release all parties for any damage that may result from furnishing it to you.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause.

It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of the organization specifically acknowledges such change in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date