



SCANTIBODIES LABORATORY, INC.

APPLICATION FOR EMPLOYMENT

PRINT IN INK ONLY.

Scantibodies is an Equal Opportunity Employer. All qualified applicants will receive consideration for employment without regard to the qualified applicant's race, color, sex, age, national origin, religion, marital status, sexual orientation, disability, or any other characteristic protected by State or Federal law. Upon hire, and as a condition of employment, you will be required to show proof of your identity and legal authority to work in the United States as required by the Immigration Reform Control Act of 1986.

PERSONAL INFORMATION

Name: _____ Date: _____
Address: _____ Social Security Number: _____
Phone Number: (____) _____

Are you 18 years old or over? Yes ___ No ___ If under the age of 18, do you have a work permit? Yes ___ No ___

EMPLOYMENT DESIRED

Position Applying For: _____ Date you can start: _____ Salary Desired: _____

Shift Able to Work: 1st ___ 2nd ___ 3rd ___ All ___ Type of Employment: Full Time ___ Part Time ___

NOTE: If employed by Scantibodies, overtime may be required. Temporary ___ Summer ___

Were you previously employed by Scantibodies? Yes ___ No ___ If yes, when? _____

Referred by: Self ___ Advertisement ___ Employee Referral ___ Name of employee that referred you _____

List any relatives working at Scantibodies: _____

EDUCATION

Table with 6 columns: Name and Location of School, Dates Attended, GPA, Major, Degree/Diploma. Rows include High School(s), College(s), and Trade/Business.

Are there any other experiences, skills, or qualifications which you feel would especially qualify you for work with Scantibodies?

BACKGROUND INFORMATION

Do you have the legal right to remain and work in this country as authorized under the laws of the United States and the State in which this application is filed? Yes ___ No ___

If you are not a U.S. citizen: Type of Visa: _____ Date of expiration: _____

Have you ever been convicted of a crime? Yes ___ No ___ (Convictions will not necessarily disqualify an applicant for employment)

If so, nature of offense: _____

Date: _____ Disposition: _____

Do you possess the ability to fully perform all the essential functions of the position sought with or without reasonable accommodation(s)?

Yes ___ No ___

REFERENCES

Table with 4 columns: Full Name (please print), Occupation/Profession, Company Name, Daytime Phone (include area code)

EMPLOYMENT HISTORY

Company Name/Address	Duties/Responsibilities	Job Title:
(Present or Last Employer)		
		Reason for Leaving:
From:		
To:		
Supervisor:		Rate of Pay:
Telephone:		
Company Name/Address	Duties/Responsibilities	Job Title:
		Reason for Leaving:
From:		
To:		
Supervisor:		Rate of Pay:
Telephone:		
Company Name/Address	Duties/Responsibilities	Job Title:
		Reason for Leaving:
From:		
To:		
Supervisor:		Rate of Pay:
Telephone:		

May we contact your current employer? Yes _____ No _____

I understand that if employed, I am required to abide by all rules and regulations of Scantibodies.

I understand that I may be required to undergo a pre-employment drug and/or alcohol screening at the employer's expense. I further understand that my employment at Scantibodies is contingent upon passing the drug and/or alcohol examination.

I understand and acknowledge that, if employed, my employment at Scantibodies is not for a fixed period of time, and that my employment can be terminated at the will of either myself or Scantibodies at any time, with or without notice, and with or without cause. I understand and agree that, if employed, there are no agreements between me and Scantibodies contrary to my at-will status. I further understand and agree that, if employed, no manager, supervisor, employee or agent of Scantibodies is authorized to alter my at-will status, except for the President of Scantibodies, and then only in a writing signed both by the President of Scantibodies and me. I understand and acknowledge that, if employed, I should neither assume nor imply any promise of employment for any specified period of time except through such a signed writing. This at-will statement sets forth the entire agreement between me and Scantibodies regarding the circumstances under which my employment may be terminated.

I authorize Scantibodies to thoroughly investigate my references, work record, education and other matters related to my suitability for employment. Further, I authorize the references and other sources I have listed to disclose to Scantibodies any and all information related to my work record and/or education without giving me prior notice of such disclosure. In addition, I hereby release Scantibodies, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation and disclosure.

The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

Signature: _____

Date: _____