

EASE DIAGNOSTICS

Application for Employment

(Please Print or Type)

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions.

Date: _____

I. Personal Information

Name: Last First Middle

Present Address

Permanent Address (if different than above)

Social Security Number

Telephone

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, Green Card, etc.) within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Position Applied For: _____

1. Is there any information we would need about your name or use of another name for us to be able to check your work record? Please specify:

2. Do you have any relatives who are presently (or have formerly been) employed by (Company)?

3. How were you referred to (Company)? _____

4. Have you ever been convicted of a felony? Yes No If yes, please explain:

II. Educational History

School Name/Location	Years Completed	Degree/Diploma
High School _____		
College _____		
Tech. Training _____		
Other _____		

III. Employment Record *Please include all employment for the last five years.*

- | | |
|--|-----------------------|
| _____ | _____ |
| Company Name (Current or Most Recent Employer) | Position Held |
| _____ | Dates Employed: _____ |
| Address | From To |
| _____ | _____ |
| Manager / Supervisor | Telephone Wage/Salary |
| _____ | |
| Reason For Leaving | |
- | | |
|----------------------|-----------------------|
| _____ | _____ |
| Company Name | Position Held |
| _____ | Dates Employed: _____ |
| Address | From To |
| _____ | _____ |
| Manager / Supervisor | Telephone Wage/Salary |
| _____ | |
| Reason For Leaving | |
- | | |
|----------------------|-----------------------|
| _____ | _____ |
| Company Name | Position Held |
| _____ | Dates Employed: _____ |
| Address | From To |
| _____ | _____ |
| Manager / Supervisor | Telephone Wage/Salary |
| _____ | |
| Reason For Leaving | |

NOTE: Use a separate sheet to list additional employers, if necessary . We will contact all of the employers listed on this application unless you specifically exclude them below. Please list any employers you do not want us to contact and your reason for the exclusion:

_____	_____
(Employer's Name)	Reason
_____	_____
(Employer's Name)	Reason

IV. References *Please do not include relatives or former employers.*

1.	_____	_____
	Name	Years Known
	_____	_____
	Address	Telephone

	Occupation	
2.	_____	_____
	Name	Years Known
	_____	_____
	Address	Telephone

	Occupation	
3.	_____	_____
	Name	Years Known
	_____	_____
	Address	Telephone

	Occupation	

V. Work Availability

1. If your application receives favorable consideration, when will you be available to begin work?

2. Do you have any objection to working overtime? () Yes () No
3. Can you work overtime without prior notice? () Yes () No
4. Can you work on Saturday? () Yes () No
5. Can you work on Sunday? () Yes () No
6. Can you travel if required by this position? () Yes () No

VI. Salary / Hourly Rate Requirements

If your application receives favorable consideration, what salary/hourly rate would you require?

\$ _____ per _____ [Salespersons: Commission? () No () Yes % _____]