



Alan C. Peterson, M.D., FCAP

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Rebecca L. Fulton, M.D., FCAP

**APPLICATION FOR EMPLOYMENT**  
*(Pre-Employment Questionnaire) (An Equal Opportunity Employer)*

Pathologists' Regional Laboratory is an equal opportunity employer and does not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview should notify a representative of the organization.

**PERSONAL DATA**

Last Name:		First Name:		Middle Name:	
Address	Number	Street	City	State	Zip Code
Telephone Number ( )	Message Number ( )		Social Security Number		
E-mail Address					

U.S. MILITARY OR NAVAL SERVICE?      YES  NO  RANK \_\_\_\_\_

PRESENT MEMBERSHIP IN NATIONAL GUARD/RESERVES \_\_\_\_\_

**EMPLOYMENT DESIRED**

Position(s) Desired: (Must indicate specific position(s) )		Salary Desired	
Are you employed now?		If so, may we inquire of your present employer?	
Have you applied to this company before?		Where?	When?
How did you learn about this position?		Advertisement _____	Friend _____ Other _____

**WORK AVAILABILITY**

Full-Time     Part-Time     Temporary     On-Call     On what date would you be available for work? \_\_\_\_\_

Indicate Shift(s) you will work:      1<sup>st</sup> Shift – Days       2<sup>nd</sup> Shift – Evenings       3<sup>rd</sup> Shift – Nights

Will you rotate shifts? Yes  No     Will you work weekends? Yes  No     Will you work Holidays? Yes  No

Indicate which days you are available for work?

\_\_\_\_ Monday \_\_\_\_ Tuesday \_\_\_\_ Wednesday \_\_\_\_ Thursday \_\_\_\_ Friday \_\_\_\_ Saturday \_\_\_\_ Sunday

Are you able to meet the attendance requirements? Yes  No

Do you have any objection to working overtime if necessary? Yes  No

Can you travel if required by this position? Yes  No

If you are under 18 years of age, can you furnish a work permit if required? Yes  No

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? Yes  No

Have you ever been convicted of Medicare/Medicaid fraud? Yes  No

Have you ever been convicted, entered a plea of guilty, nolo contendere or a plea of similar effect, or had prosecution or sentence deferred or suspended, in connection with:

a.) The use or distribution of controlled substances or legend drugs? Yes  No

b.) A charge of a sex offense? Yes  No

c.) Any other crime other than minor traffic infractions? Yes  No

If yes, explain fully \_\_\_\_\_

Have you been debarred, excluded or otherwise ineligible for participation in federal health programs? Yes  No

If yes, explain fully \_\_\_\_\_

*(A "yes" answer to this question may not necessarily bar an applicant from employment)*

## EDUCATION

### HIGH SCHOOL

Name, Location	Major Course of Study	Dates Attended	Did You Graduate?

### College of Schools after High School (Include any education training in Military Service)

Name, Location	Academic Major, Skill or Trade	Dates Attended	Did You Graduate?

Subjects of special study or research work: \_\_\_\_\_

Special Skills: \_\_\_\_\_  
(SUMMARIZE ANY JOB-RELATED TRAINING, SKILLS, LICENSES, CERTIFICATES, AND/OR OTHER QUALIFICATIONS)

Activities: (Civic, Athletic, Etc.) \_\_\_\_\_  
(EXCLUDE ORGANIZATIONS, NAMES THAT INDICATE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR/ NATION OF ORIGIN OF MEMBERS)

**EMPLOYMENT HISTORY**

(Please provide all employment information of your past employers starting with the most recent)

Employer: \_\_\_\_\_ Position Held: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
Immediate Supervisor and Title: \_\_\_\_\_  
Dates Employed: From: \_\_\_\_\_ To \_\_\_\_\_ Salary: \_\_\_\_\_  
Job Summary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Position Held: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
Immediate Supervisor and Title: \_\_\_\_\_  
Dates Employed: From: \_\_\_\_\_ To \_\_\_\_\_ Salary: \_\_\_\_\_  
Job Summary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Position Held: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
Immediate Supervisor and Title: \_\_\_\_\_  
Dates Employed: From: \_\_\_\_\_ To \_\_\_\_\_ Salary: \_\_\_\_\_  
Job Summary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Position Held: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
Immediate Supervisor and Title: \_\_\_\_\_  
Dates Employed: From: \_\_\_\_\_ To \_\_\_\_\_ Salary: \_\_\_\_\_  
Job Summary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Which of these jobs did you like the best? \_\_\_\_\_

What did you like most about this job? \_\_\_\_\_

**REFERENCES**

LIST THREE REFERENCE NAMES, TELEPHONE NUMBERS, AND YEARS KNOWN (*DO NOT INCLUDE RELATIVES OR EMPLOYERS*)

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Years Known: \_\_\_\_\_

IN CASE OF AN EMERGENCY, NOTIFY:

NAME ADDRESS TELEPHONE #  
\_\_\_\_\_

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE. I UNDERSTAND THAT IF ANY FALSE INFORMATION OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS. AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN ITS DIRECTOR(S), AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE DIRECTOR(S), HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING."

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### **PRE – EMPLOYMENT DRUG TEST CONSENT**

AS PART OF THE HIRING PROCESS, WE ADMINISTER PRE-EMPLOYMENT DRUG TESTING. THESE TESTS ARE HIGHLY SOPHISTICATED AND ARE CAPABLE OF DETECTING TRACE AMOUNTS FOR A PERIOD OF SIXT (60) DAYS FOLLOWING USE. WE WILL NOT HIRE ANY PERSON WHO FAILS THE PRE-EMPLOYMENT DRUG TEST.

"I UNDERSTAND THAT UPON BEING OFFERED A POSITION AT PATHOLOGISTS' REGIONAL LABORATORY, I MAY BE REQUIRED TO TAKE A URINE DRUG TEST."

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**\*\*\*PLEASE 'SIGN ONLY' THE ATTACHED REFERENCE RELEASE FORM TO VERIFY PAST EMPLOYMENT\*\*\***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

INTERVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

REMARKS: \_\_\_\_\_

NEATNESS: \_\_\_\_\_ ABILITY: \_\_\_\_\_

HIRED: YES  NO  POSITION: \_\_\_\_\_ DEPT: \_\_\_\_\_

SALARY/WAGE: \_\_\_\_\_ DATE REPORTING TO WORK: \_\_\_\_\_

APPROVED: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
EMPLOYMENT MANAGER DEPARTMENT HEAD GENERAL MANAGER



Alan C. Peterson, M.D., FCAP

David M. Tretheway, M.D., FCAP

Rebecca L. Fulton, M.D., FCAP

Elizabeth B. Dacey M.D., FCAP

REFERENCE RELEASE FORM

\*\*\* Please sign and date "Application Authorization" only \*\*\*

Applicant Name: \_\_\_\_\_

Former Employer: \_\_\_\_\_

Social Security Number: \_\_\_XXX-XX-\_\_\_\_\_ Dates Employed: \_\_\_\_\_

The above named applicant is being considered for employment with Pathologists' Regional Laboratory and has listed your organization as a former employer. We would appreciate your verification and completion of this form when you can. Information provided will be treated in confidence. Please fax this form back to (208) 798-3607 when you can. Thank you for your assistance.

APPLICANT AUTHORIZATION

"I consent to and authorize the above named former employer, and its agents and employees, to furnish any reference information concerning me, including achievement, wage history, performance, attendance, personal history, disciplinary information, and reason for separation of employment, relating to my employment with the former employer. It is expressly understood that any information given is to be used for the purpose of determining my acceptability for employment. I also hereby release the above named former employer, and its agents and employees, from all liability for damages or claims, including but not limited to defamation, interference with contract, or prospective economic advantage and negligence." The applicant is only giving this release for this time only.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

RECORD OF EMPLOYMENT

Position Held: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Summary of Essential Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Salary at Termination: \_\_\_\_\_ Eligible for Rehire? \_\_\_ Yes \_\_\_ No

If No, Why? \_\_\_\_\_

Table with 6 columns: Please Rate the Following, Excellent, Good, Average, Fair, Poor. Rows include Job Knowledge, Accuracy, Productivity, Dependability, Attendance, Overall Performance.

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_