Southeastern Pathology Associates 203 INDIGO DRIVE, BRUNSWICK, GA 31525 PHONE: (912) 261-2669 FAX: (912) 261-0753 TOLL FREE: (888) 261-2671

Employment Application

We consider applicants for all positions on the basis of qualifications and without regard to race, color, religion, sex, national origin, age, marital status, veteran status, disability, sexual orientation, use of lawful products during non-work hours and any other legally protected status.

PLEASE PRINT

Position(s) Applied For				Date of Application		
How did you learn about the	company? (circ	le one)				
Advertisement	Friend	Walk-ir	n Recruiting F	Firm Current Em	nployee Othe	r:
Last Name		First Nam	le	Middle N	Name	
Street Address		Cit	ty	Sta	ate	Zip Code
Telephone Number(s) where	e we can contact	t you:		Social	Security Nu	imber:
Home: ()	Cell: ()				
Are you available to work:	🗌 Regular	Full-time	Regular Part-time	e 🗌 Temporary	Desired S	Salary: \$
On what date would you be	e available for	work?				
Are you legally qualified to (Proof of citizenship or imm				nt.)		🗌 Yes 🗌 No
If you are under 18 years of	of age, can you	ı provide requ	uired proof of your eli	gibility to work?		□ Yes □ No □ N/A
Have you ever submitted a lf yes, please give date:	an application v	with the comp	oany before?	_		🗌 Yes 🗌 No
Have you ever been emplo If yes, please give date:		ompany befo)re?	-		🗌 Yes 🗌 No
Are any of your relatives p If yes, name of relative:		oyed with the o		-		🗌 Yes 🗌 No
Are you currently employed	d?					🗌 Yes 🗌 No
May we contact your prese	ent employer fo	or references?	?			🗌 Yes 🔲 No
Have you ever been convic charges of violation of crim If yes, explain:		ninal violatior	n of law, or are you n	ow under pending in	vestigation or	🗌 Yes 🔲 No
(A conviction will not necesidate of conviction, serious					tors as age and	
Have you been the subject for either conduct based o If yes, explain:	or performance	based action		sanctioning or disci	plinary agency	🗌 Yes 🔲 No
List professional, trade, b You may exclude members 1)				rigin, age, or disability	or other protecte	ed status:
2)						
2)						

Employment Experience (10 Yrs)

Start with your present or most recent position.

Employer May we contact this employer?YesNo	Dates Employed		Work Performed
Address	From	То	
City, State			
Telephone Number(s)	Bas	e Pay	
Job Title	Start	Final	
Supervisor			
Reason for Leaving		1	

Employer	Dates Employed		Work Performed
Address	From To		
City, State			
Telephone Number(s)	Base Pay		
Job Title	Start	Final	
Supervisor			
Reason for Leaving	•		

Employer	Dates Employed		Work Performed
Address	From To		
City, State			
Telephone Number(s)	Base Pay		
Job Title	Start	Final	
Supervisor			
Reason for Leaving			

Employer	Dates Employed		Dates Employed		Work Performed
Address	From To				
City, State					
Telephone Number(s)	Base Pay				
Job Title	Start	Final			
Supervisor					
Reason for Leaving					

References

Please list three professional references other than relatives or previous employers.

1.	
2.	
3.	

Education

	Elementary School	High School	Technical School	College	Other
School Name and Address					
Years Completed	45678	9 10 11 12	12	1 2 3 4	1234
Diploma Degree		🗆 Yes 🛛 No	🗆 Yes 🛛 No	🗆 Yes 🛛 No	🗆 Yes 🛛 No
Major Course(s) of Study					

Summarize special skills and training not listed above:

Describe honors received:

State any additional information you feel may be helpful to us in considering your application.

I certify that the answers given herein are true and complete to the best of my knowledge. I also authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

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 documentation or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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

Signature of Applicant



BACKGROUND DISCLOSURE AND AUTHORIZATION

In connection with my application for employment/training with Southeastern Pathology Associates, I understand that Southeastern Pathology will request "consumer reports" and/or "investigative consumer reports" (collectively "Background Check Reports") on me pursuant to the Fair Credit Reporting Act.

I understand that the Background Check Reports will be obtained by Southeastern Pathology Associates, and any such Background Check Reports may contain information bearing on my character, general reputation, personal characteristics, mode of living and credit standing. The types of information that may be obtained include but are not limited to: credit reports), social security number verification, criminal records checks, public court records checks, driving records checks, educational records checks, verification of employment positions held, personal and professional reference checks, licensing and certification checks, etc. The information contained in these Background Reports may be obtained by Southeastern Pathology Associates from private and/or public record sources, including sources identified by me in my job application or through interviews or correspondence with my past or present coworkers, neighbors, friends, associates, current or former employers, educational institutions or other acquaintances.

All information gained for the purpose of employment with Southeastern Pathology Associates will be kept confidential. Any and all information gained as a result of the background check may or may not impact the hiring decision.

Signature		Date
Print Name	Driver's License Number	State of Issue
Expiration Date	Date of Birth	



Equal Employment Opportunity Form

Full Name:				
-	Last	First	М.І.	
Address:				
	Street Address		Apartment/Unit #	
-	City	State	ZIP Code	
Home Phone:	<u>(</u>)	Social Security Number:		
Position Applied for:				

This information is being requested in accordance with federal regulations. The information is voluntary and will not be used when considering you for employment with our company.

Racial or Ethnic Group

	American Indian/Alaskan		Asian/Pacific Islander	Black/African American
	Hispanic/Latino		White/Caucasian	Other
Gende	er			
	Female		Male	
Militar	y Service			
	Pre-Vietnam Era		Vietnam Era	
	Post-Vietnam Era		Disabled Veteran	
How d	lid you hear about this posit	ion?		
	Newspaper		Company Employee	Professional Publication
	Job Fair		Placement Office	Web Site
	Other:			