

Employment Experience (10 Yrs)

Start with your present or most recent position.

Employer	May we contact this employer? ___Yes ___No		Dates Employed		Work Performed
Address	From	To			
City, State					
Telephone Number(s)	Base Pay				
Job Title	Start	Final			
Supervisor					
Reason for Leaving					

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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	4 5 6 7 8	9 10 11 12	1 2	1 2 3 4	1 2 3 4
Diploma Degree		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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

Date



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* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Home Phone: () _____ 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

Gender

- Female Male

Military Service

- Pre-Vietnam Era Vietnam Era
 Post-Vietnam Era Disabled Veteran

How did you hear about this position?

- Newspaper Company Employee Professional Publication
 Job Fair Placement Office Web Site
 Other: _____